

<b>Case Number:</b>	CM15-0207586		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old male who sustained an industrial injury on 10/20/2006. Medical records indicated the worker was treated for thoracic radiculitis, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, myositis-myalgia, medication related dyspepsia, gastro- esophageal reflux disease (GERD), and L4-L5 annular tears (MRI findings of 02-20-2007). In the provider notes of 09-22-2015, the worker complains of low back pain that radiates down the bilateral lower extremities and is accompanied by frequent numbness in the bilateral lower extremities to the level of the feet with tingling in the feet. He complained of insomnia with the pain that was associated with anxiety, and he complained of mid back pain. Average pain on a scale of 0-10 since his last visit is rated as a 6-7 with medications, an 8-10 without medications, and is reported by the worker to be unchanged since his last visit. His medications include Tramadol, Naproxen, and Omeprazole. He uses a transcutaneous electrical nerve stimulation (TENS) unit. He also reports chronic medication associated GERD. On exam, he has spinal vertebral tenderness in the cervical spine at C5-7. Range of motion was moderately limited to pain, and was significantly increased with range of motion. The thoracic exam showed spasm in the bilateral paraspinous muscle and tenderness in the bilateral paravertebral region. The lumbar spine had spasm in the bilateral paraspinous musculature with tenderness on palpation in the bilateral paravertebral area L4-S1 levels. Flexion and extension significantly increased the pain. The plan of care included continuation of his current medications, and TENS Unit. A request for authorization was submitted for: 1. 60 capsules of Omeprazole 20mg; 2. 60 tablets of Naproxen 550mg; 3. 60 tablets of Tramadol 50mg. A utilization review decision

09/29/2015 approved: 60 tablets of Naproxen 550mg; 60 capsules of Omeprazole 20mg and modified the requests for Tramadol and Ambien to approve: 30 tablets of Tramadol 50mg; 15 tablets of Ambien 10mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **60 tablets of Tramadol 50mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient was injured on 10/20/06 and presents with low back pain which radiates to the bilateral lower extremities and mid back pain. The request is for 60 TABLETS OF TRAMADOL 50 MG. There is no RFA provided and the patient is not currently working. He has been taking this medication as early as 04/07/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The 08/25/15 and 09/22/15 reports state that the patient rated his pain as a 6-7/10 with medications and an 8/10 without medications. The CURES report on file is dated 05/05/15 and the patient had a urine drug screen on 06/30/15 and was consistent with his prescribed medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no outcome measures provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

**30 tablets of Ambien 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, 2015 Chapter: Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, under Zolpidem.

**Decision rationale:** The patient was injured on 10/20/06 and presents with low back pain which radiates to the bilateral lower extremities and mid back pain. The request is for 30 TABLETS OF AMBIEN 10 MG. There is no RFA provided and the patient is not currently working. He has been taking this medication as early as 04/07/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, Mental Illness and Stress Chapter, under Zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with thoracic radiculitis, chronic pain, lumbar facet arthropathy, lumbar radiculopathy, myositis-myalgia, medication related dyspepsia, gastro-esophageal reflux disease (GERD), and L4-L5 annular tears (MRI findings of 02-20-2007). The 09/22/15 report states that the patient has "insomnia associated with ongoing pain, associated with anxiety, stable with medications." ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. In this case, the patient has been taking Ambien since 04/07/15, which exceeds the 7-10 days recommended by ODG Guidelines. The requested Ambien IS NOT medically necessary.