

Case Number:	CM15-0029623		
Date Assigned:	02/25/2015	Date of Injury:	06/28/2012
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 49-year-old female, who sustained an industrial injury on 6/28/2012. The diagnoses have included right cervical sprain/strain with radiculitis, degenerative disc disease, lumbar sprain/strain, with bilateral radiculopathy and multilevel facet arthrosis/stenosis. Treatment to date has included medication, modified activity and injections. Magnetic resonance imaging (MRI) of the cervical spine dated 12/13/2014 showed reversal of the cervical lordosis and C4-5, 3mm right paracentral disc protrusion resulting in abutment of the cervical cord with mild to moderate degree of central canal narrowing. MRI of the lumbar spine dated 8/02/2014 showed disc protrusion at L3-4 and L4-5 with multilevel facet arthropathy. Currently, the IW complains of pain to the right wrist, low back and knees. Objective findings included tenderness and limited motion to the right wrist with a positive Finkelstein test. There was diffuse tenderness to the knees with decreased range of motion and positive crepitus. There was paraspinal tenderness to the lumbar spine with spasm and restricted range of motion and straight leg raise reproduced back pain. On 1/16/2015, Utilization Review non-certified a request for Motrin 800mg #100, and modified a request for Ultram ER 150mg #30, Fexmid 7.5mg #60, and Sonata 10mg #30, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/04/2015, the injured worker submitted an application for IMR for review of Ultram ER 150mg #30, Motrin 800mg #100, Fexmid 7.5mg #60, and Sonata 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with right wrist, low back, and knees pain rated 7/10 without and 5/10 with medication with at least 6 hours of medication relief. The request is for Ultram ER 150MG #30. The RFA is not provided. Patient's diagnoses have included right cervical sprain/strain with radiculitis, degenerative disc disease, lumbar sprain/strain, with bilateral radiculopathy and multilevel facet arthrosis/stenosis. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for 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." MTUS Guidelines 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 page 78 also requires documentation of the 4A's (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. Treater progress reports provided were hand-written, illegible, and difficult to interpret. Ultram has been prescribed in treater reports dated 10/07/14. In this case, treater addresses analgesia via the reported pain scales. However, treater has not stated how Ultram significantly improves patient's activities of daily living. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Motrin 800mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain, Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with right wrist, low back, and knees pain rated 7/10 without and 5/10 with medication with at least 6 hours of medication relief. The request is for MOTRIN 800MG #100. The RFA is not provided. Patient's diagnoses have included right cervical sprain/strain with radiculitis, degenerative disc disease, lumbar sprain/strain, with bilateral radiculopathy and multilevel facet arthrosis/stenosis. Patient is temporarily totally disabled. Regarding NSAIDs, MTUS page 22 state "Anti-inflammatories are the traditional first

line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Motrin is noted in progress report dated 10/07/14. The treater does not document any improvement in function due to the NSAID. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Without some documentation that this medication is being used with efficacy, the request IS NOT medically necessary. Regarding NSAIDs, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The prescription for Motrin is noted in progress report dated 10/07/14. The treater does not document any improvement in function due to the NSAID. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Without some documentation that this medication is being used with efficacy, the request IS NOT medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with right wrist, low back, and knees pain rated 7/10 without and 5/10 with medication with at least 6 hours of medication relief. The request is for Fexmid 7.5mg #60. The RFA is not provided. Patient's diagnoses have included right cervical sprain/strain with radiculitis, degenerative disc disease, lumbar sprain/strain, with bilateral radiculopathy and multilevel facet arthrosis/stenosis. Patient is temporarily totally disabled. MTUS guidelines page 64 states the following, "Fexmid (cyclobenzaprine) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The initiation date of Fexmid is unknown. MTUS recommends this medication for short term use of 2-3 weeks. The prescription of Fexmid #60 does not indicate intended short-term use. The request IS NOT medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zaeplon (Sonata).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, Zaleplon.

Decision rationale: The patient presents with right wrist, low back, and knees pain rated 7/10 without and 5/10 with medication with at least 6 hours of medication relief. The request is for Sonata 10mg #30. The RFA is not provided. Patient's diagnoses have included right cervical sprain/strain with radiculitis, degenerative disc disease, lumbar sprain/strain, with bilateral radiculopathy and multilevel facet arthrosis/stenosis. Patient is temporarily totally disabled. ODG guidelines, mental illness and stress chapter states "Zaleplon - Sonata reduces sleep latency. Because of its short half-life -one hour-, may be re-administered upon nocturnal waking provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use - 7-10 days - is indicated with a controlled trial showing effectiveness for up to 5 weeks."The initiation date of Sonata is unknown. In regards to the request for Sonata, Short-term use 7-10 days is indicated with a controlled trial showing effectiveness for up to 5 weeks. In this case, the duration of therapy being requested exceeds guideline recommendations. Therefore, this request IS NOT medically necessary.