

Case Number:	CM15-0035636		
Date Assigned:	03/04/2015	Date of Injury:	09/11/2012
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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 32-year-old male, who sustained an industrial injury on 9/11/12. He has reported back injury which occurred while wrapping a pallet. The diagnoses have included lumbago, degenerative disc disease (DDD), lumbar radicular pain, lumbar spinal stenosis, and lumbar disc herniation. Treatment to date has included medications, 2 Epidural Steroid Injections (ESI), physical therapy and diagnostics. Currently, as per the physician note dated 1/27/15, the injured worker complains of continued low back pain which is worsening and described as aching and stabbing in the right lower back. He reported that the Epidural Steroid Injection (ESI) done on 9/23/14 had worn off. He states that he had over 50 percent pain relief over the past 4 months with the Epidural Steroid Injection (ESI). He finds that his medications are helpful. The current medications included Tramadol, Ambien, Voltaren, Norco, Flexeril and Prilosec. As cited by the utilization review the lumbar Magnetic Resonance Imaging (MRI) dated 1/3/13 revealed disc protrusion and spinal stenosis. The electrodiagnostic study dated 7/15/13 revealed radiculitis. The pain was rated 8-9/10 without medications on the pain scale and 1-2/10 with medications. Physical exam of the lumbar spine revealed tenderness, increased pain with flexion and positive straight leg raise on the right. Treatment was for medication management and Home Exercise Program (HEP). On 2/9/15 Utilization Review non-certified a request for 30 Tabs of Voltaren Extended Release 100 MG, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain was cited. On 2/9/15 Utilization Review modified a request for 90 Tabs of Ultram 50 MG modified to 45 tablets of Ultram 50MG and 30 Tabs of Ambien 10 MG

modified to 15 tablets of Ambien 10 MG, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tabs of Voltaren Extended Release 100 MG: Upheld

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

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 continued low back pain, which is worsening and described as aching and stabbing in the right lower back. The pain is rated 8-9/10 without and 1-2/10 with medications. The request is for 30 TABS OF VOLTAREN EXTENDED RELEASE 100MG. The RFA is not provided. Patient's diagnosis included lumbago, degenerative disc disease (DDD), lumbar radicular pain, lumbar spinal stenosis, and lumbar disc herniation. Patient is to return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. The prescription for Voltaren was first noted in the progress report dated 08/05/14 and the patient has been taking it since at least then. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports indicate whether or not the patient has utilized other NSAIDs. The request IS NOT medically necessary.

90 Tabs of Ultram 50 MG: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with continued low back pain, which is worsening and described as aching and stabbing in the right lower back. The pain is rated 8-9/10 without and 1-2/10 with medications. The request is for 90 TABS OF ULTRAM 50 MG. The RFA is not provided. Patient's diagnosis included lumbago, degenerative disc disease (DDD), lumbar radicular pain, lumbar spinal stenosis, and lumbar disc herniation. Patient is to return to modified

duty. 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 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. In regards to the request for Ultram, treater has not provided adequate documentation of medication efficacy to continue this medication. Although there are pain scales that demonstrate analgesia, no functional improvements were verified by specific ADLs. The 4A's are not specifically addressed including discussions regarding aberrant drug behavior, UDS's, opioid pain agreement, or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, the UDS administered on 12/02/14 was inconsistent with the prescribed medications. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

30 Tabs of Ambien 10 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain (Chronic) and Topic Zolpidem.

Decision rationale: The patient presents with continued low back pain, which is worsening and described as aching and stabbing in the right lower back. The pain is rated 8-9/10 without and 1-2/10 with medications. The request is for 30 TABS OF AMBIEN 10MG. The RFA is not provided. Patient's diagnosis included lumbago, degenerative disc disease (DDD), lumbar radicular pain, lumbar spinal stenosis, and lumbar disc herniation. Patient is to return to modified duty. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state, "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Ambien is first noted in the progress report dated 08/05/14 and the patient has been taking it since at least then. The patient has been taking the medication for a long time now. The request exceeds the 7-10 days use recommended by the ODG guidelines. This request IS NOT medically necessary.