

Case Number:	CM15-0040765		
Date Assigned:	03/10/2015	Date of Injury:	02/21/2012
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: Internal Medicine

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 44-year-old female who sustained an industrial injury on 2/21/12. The injured worker reported symptoms in the back and right shoulder. The injured worker was diagnosed as having L4-5 and L5-S1 central annular disc tears with left lumbar radiculitis, left piriformis syndrome, major depressive disorder, and bilateral shoulder adhesive capsulitis. Treatments to date have included oral pain medications, psychological counseling, and home exercise program. Currently, the injured worker complains of low back pain and right shoulder pain with decreased range of motion. The treatment plan called for medication management, psychological counseling and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 tab up to TID PRN #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Pages 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram (Tramadol) is indicated for the management of moderate to moderately severe pain. The primary treating physician's progress report dated 1/10/15 documented the diagnoses of L4-5 and L5-S1 central annular disc tears, lumbar radiculitis, piriformis syndrome, bilateral shoulder adhesive capsulitis. The patient has persistent low back pain. Medications help with pain. Medications are helpful. Medical records document objective physical examination findings. Aberrant behaviors were addressed. Analgesia was documented. Per MTUS, Tramadol (Ultram) is indicated for the management of moderate to moderately severe pain. MTUS guidelines support the prescription of Tramadol. Therefore, the request for Tramadol is medically necessary.

Lorazepam 0.5mg 1 tab up to TID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Ativan (Lorazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the request for Lorazepam (Ativan) is not supported. Therefore, the request for Lorazepam is not medically necessary.

Duexis 800/26.6mg 1 tab BID x 2 weeks for acute pain #20: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 212, 308, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69. Decision based on Non-MTUS

Citation Duexis <http://www.drugs.com/pro/duexis.html> American College of Gastroenterology (ACG) Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) <http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for back and shoulder conditions. American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. Economic modeling suggests that co-therapy with an H2RA may be a cost-effective strategy for prevention of ulcer bleeding in NSAID users. The primary treating physician's progress report dated 1/10/15 documented the diagnoses of L4-5 and L5-S1 central annular disc tears, lumbar radiculitis. Piriformis syndrome, bilateral shoulder adhesive capsulitis. The patient has persistent low back pain. Medications help with pain. Medications are helpful. Medical records document objective physical examination findings. Aberrant behaviors were addressed. Analgesia was documented. Medical records document the use of prescription Ibuprofen (NSAID) which is a gastrointestinal risk factor. Famotidine is a histamine-2-receptor antagonist (H2RA). The use of Famotidine with NSAIDs is supported by the American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009). FDA Prescribing Information documents that Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist Famotidine. The use of Ibuprofen and Famotidine (Duexis) is supported by clinical practice guidelines. Therefore, the request for Duexis is medically necessary.

Butrans 5mcg 1 patch q week for continuous pain #4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Pages 26-27. Opioids Page 74-96. Decision based on Non-MTUS Citation FDA Prescribing Information BUTRANS <http://www.drugs.com/pro/butrans-patch.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 26-27) states that Buprenorphine is recommended as an option for chronic pain. FDA Prescribing Information states that Butrans (buprenorphine) patch is indicated for the management of moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. The primary treating physician's progress report dated 1/10/15 documented the diagnoses of L4-5 and L5-S1 central annular disc tears, lumbar radiculitis. Piriformis syndrome, bilateral shoulder adhesive capsulitis. The patient has persistent low back pain. Medications help with pain. Medications are helpful. Medical records document objective physical examination findings. Aberrant behaviors were addressed. Analgesia was documented. Per FDA guidelines Butrans (Buprenorphine) patch is indicated for moderate to severe chronic pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. The 1/10/15 progress report documents

persistent low back pain. The use of Butrans is supported by the medical records. Therefore, the request for Butrans is medically necessary.