

<b>Case Number:</b>	CM15-0048362		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 59 year old female who sustained an industrial injury on 7/2/12 while pushing a cart that slipped and was pushed forward resulting in instant pain and popping in the right hand, forearm, wrist, elbow, shoulder and neck. The cart landed on her left shin, left foot and 3rd toe. Back pain then began. She had x-rays, MRI and acupuncture. She currently complains of frequent, moderate dull, achy low back pain with decreased range of motion, numbness and tingling radiating to bilateral lower extremities, right hand/ wrist pain, right shoulder pain, right elbow pain, left shin pain and pain in the left foot and 3rd toe. She has difficulty in performing activities of daily living due to pain and decreased grip strength. Her pain intensity is 4/10. Medications include Tramadol, cyclobenzaprine, hydrocodone, naproxen, omeprazole, alprazolam Diagnoses include lumbar radiculopathy; lumbar sprain/ strain; plantar fasciitis; Achilles tendonitis; cervical myalgia; cervical radiculitis; right shoulder pain; right rotator cuff syndrome; derangement of the right forearm; radial tunnel syndrome; right hand pain; sprain/ strain bilateral hands; crush injury left foot. Treatments to date include medications, which are helpful; acupuncture, chiropractic therapy and modality therapy to her right upper extremity; physical therapy. Diagnostics include left foot x-ray (10/17/14); electromyography/ nerve conduction study (10/3/12, 12/17/14); MRI of the lumbar spine (9/13/14); x-ray of the lumbar spine (7/25/14). The treating provider recommends tramadol and alprazolam in the treatment plan dated 2/4/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Tramadol Page(s): 60-61, 113.

**Decision rationale:** The patient presents with frequent, moderate dull, achy low back pain with decreased range of motion, numbness and tingling radiating to bilateral lower extremities, right hand/ wrist pain, right shoulder pain, right elbow pain, left shin pain and pain in the left foot and 3rd toe. The patient's pain is rated 5-8/10. The request is for Tramadol ER 150mg #60. The RFA provided is dated 02/20/15. The reports do not reflect whether or not the patient is working. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol 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 prescription for Tramadol was first mentioned in the progress report dated 02/19/14. It appears that the patient is starting use of Tramadol with this prescription. MTUS requires functional assessment. The patient's pain is rated 5-8/10. On 02/19/14, a urinary drug screening (UDS) was administered and the result was reported as "None Detected (Negative)." The patient does not appear to be on any other opioids. Given the patient's chronic low back pain, a trial of opioids may be reasonable. For continued use, documentation regarding functional gains and the four A's must be provided per MTUS. The request IS medically necessary.

**Alprazolam 1mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24.

**Decision rationale:** The patient presents with frequent, moderate dull, achy low back pain with decreased range of motion, numbness and tingling radiating to bilateral lower extremities, right hand/ wrist pain, right shoulder pain, right elbow pain, left shin pain and pain in the left foot and

3rd toe. The patient's pain is rated 5-8/10. The request is for Tramadol ER 150mg #60. The RFA provided is dated 02/20/15. The reports do not reflect whether or not the patient is working. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant medical and psychiatric complaints, the requested 30 tablet prescription does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 02/09/14. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request IS NOT medically necessary. Only short-term use (4 weeks) of this medication is recommended. The prescription for Alproazolam was noted in the reports dated 07/23/14, 08/20/14, and 09/17/14. Furthermore, the current request for quantity 60 does not indicated intended short-term use. Long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request IS NOT medically necessary.