

Case Number:	CM15-0060924		
Date Assigned:	04/07/2015	Date of Injury:	09/25/2013
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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: Pennsylvania
 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 55 year old male who sustained an industrial injury on 09/25/2013, secondary to a fall while carrying hot soup. The diagnoses have included cervical spine musculoligamentous sprain and strain, thoracic spine musculoligamentous sprain and strain, lumbar spine musculoligamentous sprain and strain, second degree burn over the right forearm and wrist, headaches, and anxiety and depression. Past medical history includes hypertension, hyperthyroidism, and diabetes. The injured worker reported right arm, forearm, and wrist burn, upper neck pain, mid back pain radiating to the rib cage bilaterally as well as lower back pain with occasional numbness and tingling to the bilateral feet. Treatment to date has included medication, physical therapy, acupuncture, and chiropractic care. Work status in 2014 and 2015 was noted as temporarily totally disabled. Norco and ultram were prescribed since June 2014. MRI of the lumbar spine on 2/19/14 showed disc protrusions at multiple levels. A preoperative internal medicine consultation in June 2014, requested before consideration of epidural steroid injection, noted elevated liver enzymes and coagulopathy. The consultant documented that the injured worker was unable to undergo any procedure due to these findings. Examination by a neurologist in November 2014 showed normal muscle strength in both upper and lower extremities and hyperesthesia in the distal calves. At a visit with the primary treating provider dated 02/13/2015 the injured worker has reported low back pain and discomfort with bilateral lower extremity cramping, numbness and tingling. Examination of the lumbar spine revealed tenderness to palpation with muscle guarding, straight leg raise was positive and range of motion was decreased. Examination of the cervical spine reveals tenderness to palpation with muscle

guarding and a decreased range of motion. The physician documented that the injured worker presented a slip from the medical doctor noting that he was medically cleared to proceed with lumbar epidural steroid injection (ESI). The provider requested Pain management consultation for reassessment for lumbar spine epidural steroid injection, Ultram ER for treatment of chronic pain syndrome, Prilosec for treatment of dyspepsia due to non-steroidal anti-inflammatory medication (NSAID) use or other medication use, and Fexmid for treatment of spasm to resume activity and function. On 3/11/15, Utilization Review (UR) non-certified requests for pain management consultation, Prilosec 20 mg #30, and fexmid 7.5 mg #60, and modified request for ultram ER 150 mg #30 to #23, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, Pg. 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-311, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per the MTUS, in some cases epidural steroid injections may be considered for the treatment of radicular pain. Such injections may be performed by a pain management specialist. In this case, the physician documented that the reason for pain management consultation was for reassessment for lumbar epidural steroid injection. The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. In this case, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The side and level to be injected were not specified. The documentation indicates that the internal medicine consultation from June 2014 advised that the injured worker should not undergo any procedures due to coagulopathy and elevated liver enzymes. Although the treating physician noted that the injured worker presented a slip in February 2014 noting that he had been cleared for the procedure, this documentation was not submitted. There was no documentation of further evaluation for elevated liver enzymes or coagulopathy. Due to lack of documentation of sufficient findings of radiculopathy to support the need for epidural steroid injection by a pain management consultant, and due to lack of

documentation of medical clearance for the procedure in light of the previously documented contraindications, the request for pain management consultation is not medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tables).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Tramadol has been prescribed since at least June of 2014. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The documentation notes that this injured worker was prescribed prilosec for treatment of dyspepsia due to NSAID use or other medication use. There was no further discussion of gastrointestinal (GI) symptoms. Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. Furthermore, there was no documentation that this injured worker was prescribed an NSAID. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. If one were to presume that a medication were to be the cause of the un-described gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia, which include stopping the NSAID, switching to a different NSAID, or consideration of H2 receptor antagonists or a PPI. In this case, there is no evidence of any attempts to determine the cause of symptoms, including no documentation of attempt to adjust medication. Due to lack of specific indication, the request for prilosec is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker was noted to have chronic back pain with muscle guarding, and lower extremity cramping. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed additional other medication. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to quantity requested not consistent with the guideline recommendation for short term use, the request for fexmid is not medically necessary.