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| <b>Case Number:</b>   | CM15-0235966 |                              |            |
| <b>Date Assigned:</b> | 12/11/2015   | <b>Date of Injury:</b>       | 09/30/2006 |
| <b>Decision Date:</b> | 01/15/2016   | <b>UR Denial Date:</b>       | 11/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old female, who sustained an industrial-work injury on 9-30-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbago and sciatica. Treatment to date has included pain medication (Tramadol, Lyrica and Etodolac since at least 5-27-15), physical therapy, epidural steroid injection (ESI), work modifications, diagnostics, and other modalities. The current medications included Singulair, Simvastatin, Tricor, Atenolol, Hydrochlorothiazide, Etodolac, Lyrica and Tramadol. There is allergy to Aspirin, Ibuprofen and Tylenol. Medical records dated 5-27-15 indicate that the injured worker complains of chronic low back pain that radiates to the lower extremity since 2006. He presents with worsening back pain that radiates to the left leg, with worsening pain to the left calf 2 days ago. He describes the pain as cramping and numbing. The pain is aggravated with activities and relieved with rest and current medications. The work status is not noted on the 5-27-15 medical record. (OBJ) The physical exam dated 5-27-15 reveals bilateral paralumbar tenderness to palpation and flexion with fingers to mid tibia. The plan was to continue with medications for chronic pain. The request for authorization date was 11-5-15 and requested services included Tramadol HCL tab 50mg day supply: 30 Qty: 90 Refills: 5, Lyrica cap 50mg Day supply: 30 Qty: 90 Refills: 5, and Etodolac tab 400mg Day supply: 30 Qty: 90 Refills: 6. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The documentation does not indicate trial or failure of other first line analgesia for pain. The physician does not document concerns of abuse, tolerance of medication or inconsistent urine drug testing. There is no documented objective or subjective

improvements as a result of the medication. The original Utilization review dated 11-9-15 non-certified the request for Tramadol HCL tab 50mg day supply: 30 Qty: 90 Refills: 5 but weaning is recommended, Lyrica cap 50mg Day supply: 30 Qty: 90 Refills: 5 but weaning is recommended, and Etodolac tab 400mg Day supply: 30 Qty: 90 Refills: 6.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol HCL tab 50mg day supply: 30 Qty: 90 Refills: 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** This 64 year old female has complained of low back pain since date of injury 9/30/2006. She has been treated with epidural steroid injections, physical therapy and medications to include opioids since at least 06/2015. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.

**Lyrica cap 50mg Day supply: 30 Qty: 90 Refills: 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

**Decision rationale:** This 64 year old female has complained of low back pain since date of injury 9/30/2006. She has been treated with epidural steroid injections, physical therapy and medications to include Lyrica since at least 06/2015. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.

**Etodolac tab 400mg Day supply: 30 Qty: 90 Refills: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** This 64 year old female has complained of low back pain since date of injury 9/30/2006. She has been treated with epidural steroid injections, physical therapy and medications to include NSAIDS since at least 06/2015. The current request is for Etodolac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Etodolac is not indicated as medically necessary in this patient.