

Case Number:	CM14-0146517		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2004
Decision Date:	10/16/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male who reported an injury on 09/20/2004 caused by an unspecified mechanism. The injured worker had a urine drug screen on 07/03/2014, which was negative for Tramadol. The injured worker's treatment history included MRI studies, surgery, pain medications, physical therapy, epidural steroid injections, and a Synvisc injection to the right knee. The injured worker was evaluated on 08/12/2014, and it was documented the injured worker continued to complain of pain in his lower back which was mostly axial in nature, aggravated by any type of bending, twisting or turning. His pain was rated at 8/10 in intensity. He consistently received a good 7/10 relief with trigger point injections. He recently received a certification for botulinum toxin injection for his ongoing low back pain. The injured worker continued to complain of pain in both knees, but his right knee had been bothering him over the prior few weeks. He did receive a significant amount of relief from the following Synvisc injection to his right knee, which provided him more than 6 months of benefit with notable improvement in mobility. He received a Synvisc injection to his left knee on 04/07/2014 with effects ongoing. The provider noted that despite the injured worker's ongoing pain, he has been able to wean himself off of all opiate based medication. He discontinued OxyContin and Norco, as well as Ambien and Ativan. He occasionally required Fexmid. He reported that Ultram ER was helpful in providing 30% to 40% of pain relief, allowing him to increase his ability to function throughout the day. The provider noted that he would start the injured worker on Neurontin, which excellent for neuropathic pain medication, as well as Lidopro topical analgesic cream as an adjunct for his low back and neuropathic pain. The current medication regimen was significantly lower, and the provider noted he would continue to try to decrease it more. Objective findings revealed examination of the lumbar spine: there was significant tenderness to palpation along the lumbar paraspinal muscles bilateral. Midline incision was open to air. There

was no sign of drainage or infection. He had decreased range of motion in both flexion and extension. Straight leg raise performed in a modified sitting position was positive bilaterally. He had decreased sensation along the left posteromedial thigh and posteromedial calf. Examination of the right knee showed mild soft tissue swelling with no ecchymosis. The injured worker had tenderness to palpation along the medial and lateral joint lines. He had decreased range of motion secondary to pain. He lacked full extension to around 10 degrees, and flexion was to around 100 degrees due to his pain. Diagnoses included lumbar myofascial injury with L5-S1 spondylolisthesis and bilateral lower extremity radiculopathy, bilateral knee internal derangement, bilateral ankle internal derangement, possible complex regional pain syndrome of the lower extremities, status post right wrist fracture with open reduction and internal fixation times 2, status post right anterior collateral ligament repair, left knee and ankle surgery, status post right arthroscopic meniscal repair, left quadriceps muscle strain, and medication induced gastritis. Within the documentation submitted, the provider noted the injured worker has successfully detoxed off of all opiate narcotics, and is only going to use Ultram as his main analgesic, along with intermittent non-steroidal anti-inflammatory drugs (NSAIDs) as tolerated with adjunct Neurontin for neuropathic pain combined with the Lidopro topical analgesic cream, since the injured worker does not tolerate NSAIDs, and does not want any antidepressant medication, did not tolerate Topamax anti-seizure medication in the past. He does have chronic medication induced gastritis requiring the use of Prilosec. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 30 Ultram RE 150mg DOS: 8/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Ultram/Tramadol HCL ER 150 mg # 60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, medication pain management or home exercise regimen outcome improvements noted for the injured worker. Though the injured worker continued to experience moderate to severe pain associated with multiple injuries and the injured worker noted improved pain and function related to Ultram use, there was a lack of documented improvements in pain or function compared to baseline measures in order to warrant continuation of opiate medication use. Additionally, the injured worker had a urine drug screen on 07/02/2014 that was negative for Ultram ER. Moreover, the request failed to include

frequency and duration of the medication. As such, the request for retrospective 30 Ultram RE 150mg DOS: 8/12/14 is not medically necessary.

Retrospective 60 Anaprox 550mg DOS: 8/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Naproxen is used as a second line treatment after acetaminophen, there is conflicting evidence that non-steroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for acute low back pain. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus a placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals and pain medication management for the injured worker. Although the injured worker continued to experience moderate to severe osteoarthritic and neuropathic pain, submitted documentation did not display any findings of improvement related to prior Anaprox use. Additionally, there was notation of medication induced gastritis and intolerance to NSAIDs, making continuation unwarranted. Moreover, the request failed to include frequency and duration for the medication. As such, the request for Retrospective 60 Anaprox 550mg DOS: 8/12/14 is not medically necessary.

Retrospective 60 Prilosec 20mg DOS: 8/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec is recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) who are at risk of gastrointestinal events. The provider failed to submit medications for the injured worker. The documentation provided did indicate that the injured worker was having gastrointestinal events. In addition, the request lacks the frequency of the medication for the injured worker. As such, the request for Retrospective 60 Prilosec 20mg DOS: 8/12/14 is not medically necessary.