

Case Number:	CM14-0147259		
Date Assigned:	09/15/2014	Date of Injury:	11/27/2012
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family 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 patient is a 56-year-old male who has submitted a claim for Lumbosacral strain with degenerative disc disease, L4-5 disc pathology, radicular pain and Depressive disorder with anxious features, associated with an industrial injury date of 11/27/12. Medical records from 2013 to 2014 were reviewed. The patient apparently sustained an injury while he was changing a tire on a trailer when it began to fall toward him while he was bent over. He caught it but immediately felt pain and numbness in his lower back. Soon after, he noted pain at the left buttock radiating down towards the left leg. He was given medications and placed on modified duty. He also had a course of physical therapy, with no noted improvements. An MRI of the lumbar spine done on 02/25/13 showed disc desiccation with left paracentral protrusion with annular tear, compression of the left L5 nerve root, severe left lateral recess narrowing, thecal sac compression and disc desiccation at L3-4 and L5-S1. Patient underwent chiropractic therapy and lumbar epidural injections, but without noted improvement in symptoms. Latest progress report of 05/29/14 notes that patient had persistent complaint of pain in the lower back, with tingling and pain radiating to the left leg to foot, accompanied by weakness at the left leg necessitating the use of a cane. On average, the pain was graded 8-9/10, with medications. He had difficulty performing his ADLs and had caused emotional distress with depression and anxiety at all times. Urine drug screen done on 10/31/13 was consistent with the prescribed medications. On physical examination of the thoracolumbar spine, patient ambulated with a stiff back gait, there was tenderness at L3-S2 area midline with left sciatic tract irritation, with restricted ROM and decreased DTR for both knees and ankles. Straight leg raising is positive bilaterally. Plan was to continue periodic epidural injections, medications and home exercises. Treatment to date has included physical therapy, chiropractic therapy, home exercises, epidural steroid injection, behavioral pain management classes and medications (Gabapentin, Ibuprofen and Flexeril since

at least 1/29/12; Norco and Tramadol since at least 03/15/13 to 11/14/13; Ultracet since at least 11/14/13; and Cymbalta and Prilosec since at least 01/23/14). A Utilization review date of 08/28/14 denied the requests for Ultracet, because there was absence of documentation to prove functional improvement and monitoring of opioid use, and Prilosec refills because there was no mention of persistent GI symptoms nor was there mention of presence of GI risk factors to necessitate its continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet Tablet 37.5/325, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (Chronic Pain); regarding Tramadol (Ultram) Page(s): page. Decision based on Non-MTUS Citation ODG 2013: regarding: Tramadol/Acteminophen(Ultracet, generic available)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen, Opioid section, Tramadol Page(s): 11, 74-81, 84, 94.

Decision rationale: Ultracet contains both Tramadol and Acetaminophen. As stated on pages 11, 74-81 and 84 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Acetaminophen is a recommended treatment for chronic pain and acute exacerbations of chronic pain. It has been recommended as first-line therapy for low back pain and is preferred over NSAIDs due to less adverse effects. Tramadol is a centrally acting opioid analgesic reported to be effective in the treatment of neuropathic pain, but is not recommended as a first-line oral analgesic. Although the use of Tramadol for chronic back pain is efficacious, it is limited to short-term pain relief only. It has been shown on Cochrane studies to be associated with decreased pain intensity, produced symptom relief and improved function for a time period of up to 3 months, but adverse events often caused study participants to discontinue this medication, limiting its usefulness. Failure to respond to a time limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Tramadol may increase the risk of seizure and life-threatening serotonin syndrome especially in patients taking SSRIs, TCAs and other opioids. Also, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the medical records are unclear regarding the duration of opiate use to date, only that it must have been used since at least 11/14/13. Although there was reported initial improvement in patient's pain with the use of the medication, recent medical records report that patient had persistent severe pain graded 8-9/10 even with the use of his medications. There was no return to work nor was there significant improvement in his capacity to perform his ADLs. There was no objective documentation of pain severity with the medication and without the medication to further determine the efficacy of Ultracet. Also, patient is taking duloxetine, an SNRI, which if taken together with Tramadol may cause significant drug-drug interaction. Therefore, the request for Ultracet Tablet 37.5/325 #90 is not medically necessary.

Prilosec 20mg #60 (refill: 5): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2014; regarding NSAIDs, GI symptoms & cardiovascular risk

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

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has been on Prilosec since 01/23/14. Patient is a 56-year-old, with no mention of concurrent use of ASA, corticosteroids and/or an anticoagulant. Patient had previous NSAID use of unknown duration and had noted GI symptom relief with the use of a PPI. However, patient is no longer on NSAIDs, nor is there any report of persistent symptoms of GI irritation; hence is not considered to be at intermediate risk for gastrointestinal events. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prilosec 20mg #60 (refill: 5) is not medically necessary.