

Case Number:	CM14-0084984		
Date Assigned:	07/23/2014	Date of Injury:	10/11/2004
Decision Date:	06/03/2015	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/06/2014

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. 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 45 year old male who sustained an industrial injury on 10/11/04. The diagnoses have included lumbar degenerative disc disease (DDD), history of lumbar decompression and post laminectomy syndrome. Treatment to date has included medications, surgery, and epidural steroid injection (ESI). Work status in April 2013 was noted as unable to work. Medications in April and October 2013 included Lyrica, ibuprofen, and tramadol. Medications in April 2014 included Ultram ER, Pepcid, and Iodine. Currently, as per the physician progress note dated 4/21/14, the injured worker complains of back pain and radiating right leg pain that has been unchanged. He continues to deny further surgical intervention. It was noted that he discontinued Tramadol and Lyrica due to nausea, and that ibuprofen also caused nausea. Physical exam revealed chronic weakness of the right dorsiflexors and mildly positive right straight leg raise. It was noted that the injured worker feels that he has developed intolerance to all his medications and is questioning their alternatives. An addendum from the same progress note states that the injured worker was told to stop the medications and a request for referral to a pain management physician or physiatrist for monitoring and adjustment of pain medication was noted. The treatment requests included one prescription for Ultram ER 200mg #30 with five refills, one prescription for Pepcid 20mg, #60 with five refills, one prescription of Iodine 500mg #60 with five refills and one comprehensive metabolic panel (CMP) to evaluate liver and kidney function. On 5/7/14, Utilization Review non-certified the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Ultram ER 200mg #30 with five refills: 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): 74-96.

Decision rationale: 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. This injured worker has chronic back pain, and tramadol has been prescribed for at least one year. The documentation notes that the injured worker discontinued tramadol due to nausea, and that the physician instructed the injured worker to stop all medications at the time of the April 2014 office visit. In addition there is insufficient 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. None of these aspects of prescribing are in evidence. The injured worker was noted to be unable to work, and there was no discussion of functional goals or opioid contract. 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. 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, Ultram ER does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

One prescription for Pepcid 20mg, #60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory Drugs): Gastrointestinal events.

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

Decision rationale: This injured worker has been prescribed lodine, a nonsteroidal anti-inflammatory medication (NSAID), and pepcid, a histamine (H2) receptor blocker. The MTUS recommends co-therapy of NSAIDs with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There was no documentation that this injured worker was at intermediate or high risk of a GI event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. There was no documentation of dyspepsia secondary to NSAID use. The documentation indicates that ibuprofen caused nausea, and although lodine (another NSAID) was prescribed, it was subsequently noted that the injured worker was instructed to stop medications pending a specialist referral. Due to lack of specific indication, the request for pepcid is not medically necessary.

One prescription of Lodine 500mg, #60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Etodolac (Lodine, Lidine XL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has been prescribed ibuprofen for at least one year, and currently lodine (a different NSAID) was prescribed. There was no documentation of monitoring of blood pressure. Ibuprofen was noted to cause nausea. The addendum in the April 2014 progress note states that the injured worker was instructed to stop medications. There was no documentation of functional improvement as a result of NSAID use; the injured worker was noted to be unable to work, there was no discussion of improvement in activities of daily living, and office visits have continued at the same frequency. Due to lack of functional improvement, potential for toxicity without documentation of monitoring of blood pressure, and documentation that medications had been discontinued, the request for lodine is not medically necessary.

One comprehensive metabolic panel (CMP) to evaluate liver and kidney function:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, hypertension and renal function; NSAIDS, specific drug list and adverse effects Page(s): 69-73.

Decision rationale: The MTUS notes that nonsteroidal anti-inflammatory drugs (NSAIDS) should be used with caution in patients with moderate hepatic impairment and are not recommended for patients with severe hepatic impairment. Borderline elevations of liver enzymes may occur in up to 15% of patients taking NSAIDS. NSAIDS may compromise renal function. Package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Liver transaminases should be measured within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In this case, the injured worker has been treated with NSAIDs for at least one year, and as such monitoring of liver and kidney function would be indicated. The Utilization Review (UR) determination noted that a metabolic panel was not warranted as all of the injured worker's medications were being discontinued by the provider. The UR determination did not consider the prior prolonged use of NSAIDs. Due to use of NSAIDs for at least one year, the request for one comprehensive metabolic panel (CMP) to evaluate liver and kidney function is medically necessary.