

Case Number:	CM15-0019111		
Date Assigned:	02/09/2015	Date of Injury:	01/10/2013
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male who sustained an industrial lifting injury to the lower back on January 10, 2013. The injured worker was diagnosed with degenerative disc disease at L4-L5 and L5-S1 with facet arthropathy. A magnetic resonance imaging (MRI) noted minimal disc bulge, facet arthropathy and lateral recess stenosis. According to the treating physician's progress report on January 21, 2015, the injured worker continues to experience low back pain with radiation to the buttocks and posterior and anterior thigh. He walks with a slight limp favoring the left lower extremity. There was evidence of left sacroiliac (SI) joint tenderness noted. The report dated November 13, 2014 documented an electrodiagnostic test supporting a chronic L5 and S1 nerve root impingement. Current medications consist of Tramadol, Motrin and Cyclobenzaprine. Treatment modalities have consisted of physical therapy, acupuncture therapy, epidural steroid injections (ESI) times 3 (minimally effective) and medication. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Motrin 800mg, one tab by mouth, three (3) times per day; Ultram 50mg, one tab by mouth, two (2) times per day. On January 29, 2015 the Utilization Review denied certification for Motrin 800mg, one tab by mouth, three (3) times per day; Ultram 50mg, one tab by mouth, two (2) times per day. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and alternative evidenced based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, one tab by mouth, three (3) times per day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 50 year old patients presents with left lumbar pain radiating into the buttocks with constant pain in anterior and posterior left thigh and intermittent numbness in right anterior thigh, as per The 50 year old patients presents with left lumbar pain radiating into the buttocks with constant pain in anterior and posterior left thigh and intermittent numbness in right anterior thigh, as per progress report dated 01/12/15. The request is for MOTRIN 500 mg, ONE TAB BY MOUTH, THREE (3) TIMES PER DAY. The RFA for the case is dated 01/12/15, and the patient's date of injury is 01/10/13. The pain is rated at 4-6/10 with medications and 6-7/10 without medications, as per progress report dated 01/12/15. Medications include Tramadol, Cyclobenzaprine and Ibuprofen. Diagnoses included L4-S1 disc degeneration, left L4-5 mild lateral recess stenosis, L4-S1 facet arthropathy, left leg radiculopathy vs pseudoradiculopathy, and chronic lumbago. In progress report dated 08/18/14, the patient reports throbbing low back pain that radiates to mid back and left leg. The patient is temporarily partially disabled and is allowed to do modified work, as per progress report dated 01/12/15. Regarding NSAIDs, MTUS page 22 state Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only two progress reports have been provided for review. A prescription for Motrin is only noted in progress report dated 01/12/15. The treater does not document any improvement in pain and function due to the NSAID. Nonetheless, the patient suffers from chronic pain for which Motrin is indicated. Hence, the patient can continue to take the medication at the treater's discretion. The request IS medically necessary.

Ultram 50mg, one tab by mouth, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94. Decision based on Non-MTUS Citation Goodman Gilman's The

Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The 50 year old patients presents with left lumbar pain radiating into the buttocks with constant pain in anterior and posterior left thigh and intermittent numbness in right anterior thigh, as per progress report dated 01/12/15. The request is for ULTRAM 50 mg, ONE TAB BY MOUTH, TWO (2) TIMES PER DAY. The RFA for the case is dated 01/12/15, and the patient's date of injury is 01/10/13. The pain is rated at 4-6/10 with medications and 6-7/10 without medications, as per progress report dated 01/12/15. Medications include Tramadol, Cyclobenzaprine and Ibuprofen. Diagnoses included L4-S1 disc degeneration, left L4-5 mild lateral recess stenosis, L4-S1 facet arthropathy, left leg radiculopathy vs pseudoradiculopathy, and chronic lumbago. In progress report dated 08/18/14, the patient reports throbbing low back pain that radiates to mid back and left leg. The patient is temporarily partially disabled and allowed to do modified work, as per progress report dated 01/12/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only two progress reports have been provided for review and Ultram or Tramadol has been mentioned in both the reports. A toxicology report dated 01/12/15 has also been provided for review. However, the treater does not document a reduction in pain in terms of change in pain scale nor does the treater use a validated measurement to demonstrate an increase function due to Ultram use. No CURES reports are available fore review and the treater does not list the side effects associated with Ultram in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.