

Case Number:	CM15-0116486		
Date Assigned:	06/24/2015	Date of Injury:	07/03/2013
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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 41 year old male with an industrial injury dated 07/03/2013. His diagnoses included thoracic sprain/strain, shoulder sprain/strain, cervical radiculopathy, lumbosacral radiculopathy and lower extremity fracture (left leg tibial fracture). Prior treatment included surgery for left tibial plateau fracture, physical therapy, diagnostics and medications. He presented on 04/08/2015 with left sided leg pain. He was status post fracture with open reduction internal fixation. The injured worker continued to have left side knee pain and left wrist pain along with right sided shoulder pain and left sided elbow pain. Physical exam remained unchanged. He continued to ambulate with an antalgic gait. Well-healed incisions were noted over the left lower extremity. Treatment plan included medications. The request for retrospective Nabumetone 750 mg quantity 100 (date of service 05/20/2015) was authorized. The treatment request for review is for retrospective Cyclobenzaprine 7.5 mg quantity 100 (date of service 05/20/2015), retrospective Omeprazole 20 mg quantity 90 (date of service 05/20/2015), retrospective Tramadol HCL 50 mg quantity 60 (date of service 05/20/2015) and retrospective Zolpidem 5 mg quantity 60 (date of service 05/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol HCL 50mg qty: 60 (DOS 5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88,89, 76-78.

Decision rationale: The patient is status post left lower extremity open reduction and internal fixation due to fracture and continues to suffer from residual pain along with left-sided wrist pain, as per progress report dated 05/20/15. The request is for retrospective tramadol HCL 50mg qty: 60. There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 05/20/15, included pain in limb, thoracic sprain/strain, shoulder sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, ankle tendinitis, wrist tendinitis, knee tendinitis, and lower extremity fracture. As per progress report dated 04/08/15, the patient suffers from right shoulder pain and left elbow pain. CT scan of the left knee, dated 03/02/15, revealed post-surgical changes, multiple shallow fissures of the lateral tibial plateau, and deep chondral fissure within the median patellar ridge and lateral patellar facet. The patient has been allowed to return to modified work, as per disability status report dated 07/01/15 after UR denial date. 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. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, none of the progress reports discuss medications. It is not clear if this is the first request for Tramadol or if the patient has had the medication before. The treater, however, does not use a pain scale to demonstrate reduction in pain due to Tramadol nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of this medication. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Given the lack of adequate documentation, the request is not medically necessary.

Retrospective Omeprazole 20mg qty: 90 (DOS 5/20/15): Upheld

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

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

Decision rationale: The patient is status post left lower extremity open reduction and internal fixation due to fracture and continues to suffer from residual pain along with left-sided wrist pain, as per progress report dated 05/20/15. The request is for retrospective

omeprazole 20mg qty: 90 (DOS 5/20/15). There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 05/20/15, included pain in limb, thoracic sprain/strain, shoulder sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, ankle tendinitis, wrist tendinitis, knee tendinitis, and lower extremity fracture. As per progress report dated 04/08/15, the patient suffers from right shoulder pain and left elbow pain. CT scan of the left knee, dated 03/02/15, revealed post-surgical changes, multiple shallow fissures of the lateral tibial plateau, and deep chondral fissure within the median patellar ridge and lateral patellar facet. The patient has been allowed to return to modified work, as per disability status report dated 07/01/15 after UR denial date. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, none of the progress reports discuss the use of Omeprazole. It is not clear if this is the first prescription for the medication or if the patient has used it in the past. Nonetheless, there is no documentation of NSAID use or medication-induced gastritis for which the Omeprazole is indicated. Additionally, the patient is under 65 years of age and there is no discussion regarding concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of GI risk assessment, the request is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg qty: 100 (DOS 5/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page (s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page (s): 63-66.

Decision rationale: The patient is status post left lower extremity open reduction and internal fixation due to fracture and continues to suffer from residual pain along with left-sided wrist pain, as per progress report dated 05/20/15. The request is for retrospective cyclobenzaprine 7.5mg qty: 100 (5/20/15). There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 05/20/15, included pain in limb, thoracic sprain/strain, shoulder sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, ankle tendinitis, wrist tendinitis, knee tendinitis, and lower extremity fracture. As per progress report dated 04/08/15, the patient suffers from right shoulder pain and left elbow pain. CT scan of the left knee, dated 03/02/15, revealed post-surgical changes, multiple shallow fissures of the lateral tibial plateau, and deep chondral fissure within the median patellar ridge and lateral patellar facet. The patient has been allowed to return to modified work, as per disability status report dated 07/01/15 after UR denial date. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary

drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Flexeril is only mentioned in progress report dated 03/04/14, which was reviewed in AME report dated 12/02/14. It is, however, not clear if the patient has been taking the medication consistently since then or not. The treater does not document efficacy in terms of reduction in pain or improvement in function. Additionally, MTUS does not support long-term use of Cyclobenzaprine. Hence, the request is not medically necessary.

Retrospective Zolpidem 5mg qty: 60 (DOS 5/20/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain (Chronic) and Topic Zolpidem.

Decision rationale: The patient is status post left lower extremity open reduction and internal fixation due to fracture and continues to suffer from residual pain along with left-sided wrist pain, as per progress report dated 05/20/15. The request is for retrospective zolpidem 5mg qty: 60 (DOS 5/20/15). There is no RFA for this case, and the patient's date of injury is 07/03/13. Diagnoses, as per progress report dated 05/20/15, included pain in limb, thoracic sprain/strain, shoulder sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, hip sprain/strain, ankle tendinitis, wrist tendinitis, knee tendinitis, and lower extremity fracture. As per progress report dated 04/08/15, the patient suffers from right shoulder pain and left elbow pain. CT scan of the left knee, dated 03/02/15, revealed post-surgical changes, multiple shallow fissures of the lateral tibial plateau, and deep chondral fissure within the median patellar ridge ad lateral patellar facet. The patient has been allowed to return to modified work, as per disability status report dated 07/01/15 after UR denial date. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. In this case, none of the progress reports discuss medications. It is not clear if this is the first request for Zolpidem or if the patient has had the medication before. There is no documentation of insomnia. Additionally, ODG guidelines recommend only short-term use of Ambien lasting about 7-10 days. Hence, the request for # 60 is not medically necessary.