

<b>Case Number:</b>	CM15-0118474		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/16/2006
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 51 year old male, who sustained an industrial injury on August 16, 2006 while working as a track maintenance worker. The mechanism of injury was a fall onto metal stairs. The injured worker sustained low back, left shoulder and right knee injuries. The diagnoses have included chronic low back pain, bilateral sciatica, right knee pain, anterior cruciate ligament tear right knee, lateral meniscus tear right knee, right knee degenerative joint disease, lumbar degenerative disc disease, lumbar disc displacement, left shoulder sprain/strain, lumbosacral radiculopathy, gastritis, sleep disorder and depression. Treatment to date has included medications, radiological studies, MRI, chiropractic treatments, physical therapy, home exercise program, right knee Synvisc injections, lumbar injections and right knee anterior cruciate ligament reconstruction in 2007. Current documentation dated May 20, 2015 notes that the injured worker reported low back and right knee pain. The injured worker noted an exacerbation of his baseline lumbosacral radicular pain. The baseline pain was rated a 5-6/10 on the visual analogue scale. He states his flare-up pain was rated an 8-9/10 on the visual analogue scale but did not recall any inciting incident. Examination of the lumbosacral spine revealed mild tenderness. A straight leg raise test was positive, greater on the right than the left. Bilateral axial loading was noted to be positive. Examination of the right knee revealed tenderness and mild crepitus with patellar traction or ballotment. Testing included a negative anterior and posterior drawer sign and Lachman test. The treating physician's plan of care included requests for Tramadol 50 mg # 120, Opana ER 5 mg # 60, Gabapentin 600 mg # 90, Ambien 5 mg # 30 and Nexium 40 mg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Tramadol is indicated for moderate to severe pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. As per the documentation provided the injured worker had chronic low back pain and chronic right knee pain. In this case, there is lack of documented functional improvement or decreased pain levels. Therefore, medical necessity for this medication has not been established. The request for Tramadol is not medically necessary

**Opana ER 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Opana ER (Hydromorphone/Dilaudid) is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. As per the

documentation provided, the injured worker had chronic low back pain and chronic right knee pain. In this case, there is lack of documented functional improvement or decreased pain levels. Medical necessity for the requested medication has not been established. The request for Opana is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin Page(s): 16-18, 49.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. The documentation supports that the injured worker had been on Gabapentin for a prolonged period of time. However, the records do not indicate any significant functional improvement that would support ongoing use. The injured workers pain levels did not show significant improvement and the efficacy of the medication was not provided. Therefore, the request for Gabapentin 5 mg # 30 is not medically necessary.

**Ambien 5mg #30:** 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), 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) Chronic pain, Ambien.

**Decision rationale:** According to the ODG, Ambien is a prescription short-acting non-benzodiazepine hypnotic, which is recommended 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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. Ambien CR is supported for chronic use, but use of hypnotics is generally discouraged. In this case, the documentation supports the injured worker has been taking Ambien for a prolonged period of time which is not recommended by the guidelines. Therefore, the request for Ambien is not medically necessary.

**Nexium 40mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Proton pump inhibitor (PPI) medication.

**Decision rationale:** Proton pump inhibitor (PPI) medication is recommended for patients at risk for gastrointestinal events. In general, the use of a PPI medication should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses. Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infections and fractures. Documentation dated June 13, 2012 notes the injured worker had gastritis and heartburn. However, there is lack of documentation in the current medical records of active gastrointestinal symptoms or use of non-steroidal anti-inflammatory drugs to support the use of proton pump inhibitor medication. Therefore, the request for Nexium is not medically necessary.