

Case Number:	CM15-0119084		
Date Assigned:	06/29/2015	Date of Injury:	02/08/1995
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 55-year-old male who sustained an industrial injury on 02/08/1995. Diagnoses include status post anterior lumbar fusion at L5-S1 and multiple laminectomies and discectomies, right hand carpal tunnel syndrome and cervical-brachial syndrome. Treatment to date has included medications, spinal surgeries and physical therapy. According to the progress notes dated 5/15/15, the IW reported low back pain with radiation to the lower extremities. The pain was aggravated by physical therapy. He also reported right shoulder pain rated 2/10, right hand pain rated 2/20, pain in the feet rated 2/10 and headaches rated 1/10. Medications were listed as Tramadol, gabapentin, Norco, Dexilant, bupropion-buspirone, Tizanidine and APAP-butalbital-caffeine, which the IW stated were helpful. On examination, range of motion (ROM) of the lumbar spine was reduced. Tenderness was present from the thoracolumbar spine to the base of the pelvis and the paralumbar muscles were slightly tight bilaterally. A request was made for Norco 10/325mg for pain, #60, Imitrex 50mg, #9 for headaches, Tramadol/APAP 37.5/325mg as needed for pain, #60 and Diclofenac XR 100mg, #60 for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 60 TABLETS OF NORCO 10/325MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15 - 05/15/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 01/12/15, 03/10/15 and 05/15/15. It is not known when Norco was initiated. Per 05/15/15 report, treater states "Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." In this case, treater provides general statements without discussing how Norco reduces pain and significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 03/26/15 proved, but no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

9 Tablets of Imitrex 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, under Triptan.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 9 TABLETS OF IMITREX 50MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment reports were provided from 01/12/15 - 05/15/15. ODG Guidelines, Head chapter, under Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." Imitrex has been included in patient's medications, per progress reports dated 04/17/15 and 05/15/15. It is not known when Imitrex was initiated. Per 05/15/15 report, treater states "a prescription of Imitrex #9, one tablet at the onset of headaches and may repeat every 2 hours (NMT 4 per day) for headaches." Guidelines support triptans for headaches. The request for 9 tablets appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

60 Tablets of tramadol/APAP 37.5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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, 113.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 60 TABLETS OF TRAMADOL/APAP 37.5/325MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment

reports were provided from 01/12/15 - 05/15/15. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per progress reports dated 04/17/15 and 05/15/15. It is not known when Tramadol was initiated. Per 05/15/15 report, treater states Tramadol was prescribed for pain relief. In this case, treater provides general statements without discussing how Tramadol reduces pain and significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 03/26/15 proved, but no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

60 Tablets of diclofenac XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 05/15/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities, and pain to right shoulder, right hand, feet, and headaches. The patient is status post 4 lumbar surgeries, unspecified dates. The request is for 60 TABLETS OF DICLOFENAC XR 100MG. RFA with the request not provided. Patient's diagnosis on 05/15/15 included status post anterior lumbar interbody fusion at L5-S1 and multiple laminectomy and discectomies, right hand carpal tunnel syndrome, and cervical brachial syndrome. The patient ambulates with a cane. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Treatment to date has included surgeries, physical therapy, home exercise program and medications. Patient's medications include Norco, Tramadol, Dexilant, Bupropion, Tizanidine and APAP. The patient remains permanent and stationary per AME, and is not working, per 05/15/15 report. Treatment

reports were provided from 01/12/15 - 05/15/15. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Diclofenac has been included in patient's medications, per progress reports dated 04/17/15 and 05/15/15. It is not known when Diclofenac was initiated. Per 05/15/15 report, treater states Diclofenac was prescribed as an anti-inflammatory. Per 04/07/15 report, the patient "reports he has been on numerous anti-inflammatory medications." ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. It appears patient has tried other NSAIDs. However, treater has not discussed reason for prescribing Diclofenac over another NSAID, nor indicated patient's risk profile. Therefore, the request IS NOT medically necessary.