

Case Number:	CM15-0123083		
Date Assigned:	07/09/2015	Date of Injury:	11/01/2005
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 11/1/05. The diagnoses have included lumbosacral spondylosis, sciatica, lumbar disc displacement without myelopathy and pain in the thoracic spine. Treatment to date has included medications, activity modifications, diagnostics, Functional Restoration Program, psychiatric and other modalities. Currently, as per the physician progress note dated 5/22/15, the injured worker complains of chronic low back pain with numbness and tingling in the legs and depression. She reports fatigue and night sweats, dizziness, headaches, blurred vision, neck pain, constipation, heartburn, nausea, abdominal pain, poor concentration, memory loss, weakness, anxiety and depression. The objective findings reveal that she is anxious and in pain. Per the note dated 5/22/15 there is a plan to discontinue Tramadol and switch her to Ultram. The patient has had depression and anxiety and had received treatment from a psychologist. The rest of the objective findings are unremarkable. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine, thoracic spine and cervical spine. There was also an electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities done. The current medications included Tramadol, Lidocaine ointment, Protonix, Cymbalta, Senokot, Dss soft gel and Lactulose. There is no previous urine drug screen reports noted and there were no previous therapy sessions noted. The physician requested treatments included Tramadol HCL ER 100mg tablet, take 1 tablet twice daily quantity of #60, Protonix DR 20mg, once-twice a day quantity of #60, Ultram 50mg tablet, take 1 tablet every 8 hours quantity of #90 and Additional 6 sessions of Cognitive Behavioral Therapy (CBT). The patient had

received 6 CBT visits for this injury. The patient has had MRI of the lumbar spine in 2013 that revealed facet arthropathy and foraminal narrowing; Cervical spine MRI that revealed disc bulging and had normal EMG findings. Patient had received CPP in 2009. The patient's surgical history includes lumbar spine surgery in 2008. A recent detailed psychological/psychiatric evaluation note of the psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 100mg tablet, take 1 tablet twice daily Qty #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Per the note dated 5/22/15, there is a plan to discontinue Tramadol 100 mg ER and switch her to Ultram/Tramadol 50 mg. Another simultaneous request for Ultram (tramadol) 50mg tablet, take 1 tablet every 8 hours Qty #90, was deemed medically appropriate and necessary already. The detailed response of the Ultram/tramadol 50mg tablet, was not specified in the records specified. Rationale for requesting the same medication was not specified in the records specified. The need for a significant quantity of Tramadol for use on a daily basis with lack of documented improvement in function is not fully established. The request for Tramadol HCL ER 100mg tablet, take 1 tablet twice daily Qty #60, is not medically necessary for this patient.

Protonix DR 20mg, once-twice a day Qty #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in,

"Patients at intermediate risk for gastrointestinal events and patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has had constipation, heartburn, nausea, abdominal pain. Therefore, there are significant GI symptoms. The request for Protonix DR 20mg, once-twice a day Qty #60 is medically necessary and appropriate for this patient.

Ultram 50mg tablet, take 1 tablet every 8 hours Qty #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses have included lumbosacral spondylosis, sciatica, lumbar disc displacement without myelopathy and pain in the thoracic spine. Currently, as per the physician progress note dated 5/22/15, the injured worker complains of chronic low back pain with numbness and tingling in the legs and depression. She reports fatigue and night sweats, dizziness, headaches, blurred vision, neck pain, constipation, heartburn, nausea, abdominal pain, poor concentration, memory loss, weakness, anxiety and depression. The patient has had MRI of the lumbar spine in 2013 that revealed facet arthropathy and foraminal narrowing; Cervical spine MRI that revealed disc bulging. The patient's surgical history includes lumbar spine surgery in 2008. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultram 50mg tablet, take 1 tablet every 8 hours Qty #90 is deemed as medically necessary.

Additional 6 sessions of CBT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 23 Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The UR physician noted the worker has already received 6 CBT for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. The request for Additional 6 sessions of CBT is not medically necessary for this patient.