

Case Number:	CM15-0037785		
Date Assigned:	03/06/2015	Date of Injury:	03/21/2002
Decision Date:	04/15/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 59-year-old male, who sustained a work/ industrial injury as a welder/loader on 3/21/2002 when pulling a beam and the rope broke and caused a fall. He has reported symptoms of constant back pain and spasm that radiated to the bilateral lower extremities. The diagnoses have included post laminectomy syndrome of the lumbar region, bilateral lower extremity radiculopathy, myofascial pain, medication-induced gastritis, depression, and anxiety, disorders of the coccyx and postsurgical status. Prior medical history included diabetes mellitus. Treatments to date included medication, physical therapy, exercise, psychiatric treatment, spinal cord stimulator, and epidural steroid injections. Norco was listed among medications prescribed in 2005, 2008, 2012, 2014, and 2015. Ultram has been prescribed since at least June 2014. Doral was noted to be prescribed as a sleep aid in November 2014. Pain management reports contain templated language regarding pharmacologic assessment and management including the "4 A's" of monitoring. The documentation indicates the injured worker had not worked for years, until approximately December 2014 at which time the progress notes indicate that he was then working part time. The treating physician's report (PR-2) from 1/19/15 indicated the injured worker had complaints of ongoing lower back pain status post posterior lateral interbody fusion at L3-4, L4-5, and L5-S1 (1/2004) with subsequent removal of hardware. Medications included norco, anaprox, Topamax, voltaren gel, ultram ER, Doral, and Prilosec. It was noted that Prilosec was prescribed for symptoms of medication-induced gastritis. Examination noted lumbar musculature tenderness, numerous trigger points, decreased range of motion with muscle guarding, decreased strength, decreased sensation along the left

posterolateral thigh/calf in the L5-S1 distribution, and a positive straight leg raise (SLR) on the left. There was a taut band of skeletal muscle, which produced a local twitch in response to hand stimulus. The injured worker was working 8 hours a day, 3 days per week and that the current medication regimen allowed him to work part-time. The physician documented that the injured worker had a signed pain opioid treatment contract. It was also documented that the injured worker used some alcohol. A urine drug screen collected at that visit was consistent with medication regimen. Four trigger point injections were administered with good pain relief of greater than 50% and an increased range of motion a few minutes later. On 2/5/15 Utilization Review modified requests for Retro Ultracet 37.5/325 mg #60 to Retro Ultracet 37.5/325 mg #54; Norco 10/325 mg #180 to Norco 10/325 mg #162; Retro Doral 15 mg #30 to Retro Doral 15 mg #27, citing the California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines. On 2/5/15, Utilization Review non-certified requests for Prilosec 20 mg #60 and Retro four trigger-point injections the MTUS and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The documentation indicates that tramadol has been prescribed for at least 6 months. The injured worker was also prescribed norco, another opioid medication. Per the MTUS, there should be a prior failure of non-opioid therapy. This injured worker has been prescribed opioids for many years for chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief from the opioids used to date. The injured worker did recently resume working part time, but the documentation does not indicate that this was the result of any particular medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The pain

management progress notes contain some templated language regarding the "4 A's" of monitoring. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen collected on the date of an office visit, rather than a random collection as recommended by the guidelines, was described as consistent. The physician documented that the injured worker used some alcohol. Concurrent use of alcohol or other illicit drugs is considered illicit behavior. As currently prescribed, ultracet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The documentation indicates this injured worker has been prescribed norco for many years for chronic back pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief from the opioids used to date. The injured worker did recently resume working part time, but the documentation does not indicate that this was the result of any particular medication. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Specific change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The pain management progress notes contain some templated language regarding the "4 A's" of monitoring. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen collected on the date of an office visit, rather than a random collection as recommended by the guidelines, was described as consistent. The physician documented that the injured worker used some alcohol. Concurrent use of alcohol or other illicit drugs is considered illicit behavior. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Retro Doral 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): p. 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: The documentation indicates that doral was prescribed for sleep disturbance. It has been prescribed for several months, and prior to that time, halcion (a different benzodiazepine) was prescribed for months. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long term use for any condition. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to length of use not in accordance with the guidelines, and lack of sufficient evaluation of sleep disturbance, the request for doral is not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68.

Decision rationale: The injured worker has been prescribed anaprox, a nonsteroidal anti-inflammatory agent (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Prilosec has been prescribed for at least 6 months. Documentation indicates prilosec was prescribed for symptoms of medication-induced gastritis, but no GI signs or symptoms were noted, no abdominal examination was documented, and no GI evaluation was discussed. No risk factors for GI events as noted above were documented. Due to lack of sufficient evaluation of medication-induced gastritis, and lack of indication for prophylactic use of a PPI, the request for prilosec is not medically necessary.

Retro four trigger-point injections: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): p. 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. The documentation indicates presence of chronic myofascial pain in the posterior lumbar musculature, which medical management therapies had failed to control. Multiple palpable trigger points as defined by the MTUS were documented. The physician noted that trigger point injections were occasionally necessary to maintain function and help decrease medication use. Injection was performed with bupivacaine in the absence of a steroid as recommended by the MTUS. As the criteria for trigger point injection were met, the request for Retro four trigger-point injections is medically necessary.