

Case Number:	CM15-0065092		
Date Assigned:	04/13/2015	Date of Injury:	05/27/2003
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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:

This is a 53-year-old male patient, who sustained an industrial injury on May 27, 2003. He was diagnosed with cervical degenerative disc disease, cervicobrachial radiculitis, occipital neuralgia, lumbar disc injury, left shoulder impingement, bilateral elbow strain and wrist strain. Per the doctor's note dated 3/27/2015, he had complaints of persistent shoulder pain, back pain and wrist pain. The physical examination revealed right shoulder- tenderness, decreased flexion and abduction, positive Hawkin's, Neer's test and Impingement test; left shoulder- tenderness, decreased flexion and abduction; bilateral wrist- positive Phalen's and Tinel's test; thoracolumbar spine- tenderness and decreased sensation in L5 dermatome bilaterally. The current medications list includes ultram and xanax. Treatment included pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics, Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Ultram 50mg, #90 with 2 refills. 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 nor epinephrine. Central analgesics drugs such as Tramadol (Ultram & #130) 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 use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had persistent shoulder pain, back pain and wrist pain. He is noted to have significant objective evidence of abnormalities on physical exam; right shoulder- tenderness, decreased flexion and abduction, positive Hawkin's, Neer's test and Impingement test; left shoulder- tenderness, decreased flexion and abduction; bilateral wrist- positive Phalen's and Tinel's test; thoracolumbar spine- tenderness and decreased sensation in L5 dermatome bilaterally. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 50mg, #90 with 2 refills is medically necessary and appropriate to use as prn during acute exacerbations.

Xanax 1mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24 NON MTUS guidelines Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Benzodiazepine.

Decision rationale: Request: Xanax 1mg, #30 with 2 refills. Alprazolam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from nonpsychiatrist prescribers. Physicians should be cognizant of the legal

liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia and anxiety since date of injury is not specified in the records provided. Response to other measure for insomnia/anxiety is not specified in the records provided. The medical necessity of Xanax 1mg, #30 with 2 refills is not fully established for this patient, therefore, this is not medically necessary.