

Case Number:	CM15-0069107		
Date Assigned:	04/16/2015	Date of Injury:	10/17/2004
Decision Date:	06/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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 45 year old male, who sustained an industrial injury on 10/17/04. He reported pain in his lower back. The injured worker was diagnosed as having status post placement of spinal cord stimulator with recent revision, lumbar disc protrusion and herniated nucleus pulposus at L4-L5. Treatment to date has included aqua therapy, back surgery and pain medications. As of the PR2 dated 2/4/15, the injured worker reports continued low back pain that radiates to his bilateral lower extremities. He indicated some functional improvement and pain relief with current medications. The treating physician noted tenderness in the lower lumbar paravertebral musculature. The treating physician requested to continue Ultram 50mg #30 x 2 refills, Voltaren 75mg #60 x 1 refill, Zanaflex 2mg #60 x 2 refills and a urine drug toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, #30 with 2 refills: Upheld

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 Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been on tramadol for chronic pain for an extended period without documentation of increase in function or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50mg, #30 with 2 refills is not medically necessary.

Voltaren 75mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured worker suffers from back pain which has not been evaluated with the use of Voltaren, therefore, the request for Voltaren 75mg #60 with 1 refill is not medically necessary.

Zanaflex 2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 63-66.

Decision rationale: Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. The injured worker is suffering from chronic pain without any acute exacerbation of pain or injury. The request for Zanaflex 2mg #60 with 2 refills is not medically necessary.

Urine drug toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker had a recent drug screen on 2/04/14 that was consistent with prescribed medications and is considered at a low risk for abuse or other aberrant behavior. The request for urine drug screen is not medically necessary.