

Case Number:	CM15-0091085		
Date Assigned:	05/15/2015	Date of Injury:	10/15/2014
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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 is a 61 year old female, who sustained an industrial injury on 10/15/15. The injured worker has complaints of low back and bilateral lower extremity symptoms. The documentation noted that the injured worker ambulates with a slight limp on the left; lumbar range of motion is approximately 50% in all planes and range of motion was painful at eh lumbar spine. The diagnoses have included lumbar strain. Treatment to date has included pain management; physical therapy; electrodiagnostic studies done on 3/26/15 and medications. The request was for clonazepam 0.5mg 30/30 for date of service 3/23/15; tramadol extended release 150mg 30/30 for date of service 3/23/15; tramadol IR 50mg 60/30 for date of service 3/23/15 and lexapro 10mg 30/30 for date of service 3/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg 30/30 for DOS 3/23/15: Upheld

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

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

Decision rationale: The patient presents with pain in the entire back, but primarily worse in the lower back, rated 7/10 with medications and 10/10 without medications. The request is for CLONAZEPAM 05 MG 30/80 FOR DOS 3/23/15. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to the paraspinals from L4-S1. Lumbar facet loading maneuvers were positive. Patient's treatments have included physical therapy, medications, and TENS unit, without benefits. Per 03/23/15 progress report, patient's diagnosis include chronic pain syndrome, lower back pain, neck pain, spinal enthesopathy, and fasciitis, unspecified. Patient's medications, per 04/20/15 progress report, patient's medications include Clonazepam, Tramadol ER, Lexapro, and Tramadol IR. Patient is temporarily totally disabled. Clonazepam belongs to the Benzodiazepine class of medications. MTUS Chronic Pain Medical Treatment Guidelines, page 24 has the following regarding Benzodiazepines: "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The patient has received prescriptions for Clonazepam on 03/23/15 and 04/20/15. However, the treater has not provided the efficacy of this medication and its significance in reducing patient's pain. MTUS guidelines do not support the use of Benzodiazepine medications for longer than 4 weeks owing to a rapid loss of efficacy and dependence risk. The current request in addition to the prior use of this medication does not imply short-term use. Therefore, the request IS NOT medically necessary.

Tramadol ER 150mg 30/30 for DOS 3/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol (Ultram) Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with pain in the entire back, but primarily worse in the lower back, rated 7/10 with medications and 10/10 without medications. The request is for TRAMADOL ER 50 MG 30/30 FOR DOS 3/23/15. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to the paraspinals from L4-S1. Lumbar facet loading maneuvers were positive. Patient's treatments have included physical therapy, medications, and TENS unit, without benefits. Per 03/23/15 progress report, patient's diagnosis include chronic pain syndrome, lower back pain, neck pain, spinal enthesopathy, and fasciitis, unspecified. Patient's medications, per 04/20/15 progress report, patient's medications include Clonazepam, Tramadol ER, Lexapro, and Tramadol IR. Patient is temporarily totally disabled. 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. 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. Tramadol was prescribed in progress report dated 03/23/15 and 04/20/15. In this case, treater has not discussed how Tramadol ER decreases pain and significantly improves patient's activities of daily living. UDS test results dated 03/25/15 were inconclusive for this medication. There are no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Tramadol IR 50mg 60/30 for DOS 3/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with pain in the entire back, but primarily worse in the lower back, rated 7/10 with medications and 10/10 without medications. The request is for TRAMADOL IR 50 MG 30/30 FOR DOS 3/23/15. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to the paraspinals from L4-S1. Lumbar facet loading maneuvers were positive. Patient's treatments have included physical therapy, medications, and TENS unit, without benefits. Per 03/23/15 progress report, patient's diagnosis include chronic pain syndrome, lower back pain, neck pain, spinal enthesopathy, and fasciitis, unspecified. Patient's medications, per 04/20/15 progress report, patient's medications include Clonazepam, Tramadol ER, Lexapro, and Tramadol IR. Patient is temporarily totally disabled. 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. 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. The patient has received prescriptions for Tramadol IR on 03/23/15 and 04/20/15. However, the treater does not discuss how this medication significantly reduces patient's pain and helps with activities of daily living. UDS test results dated 03/25/15 were inconclusive for this medication. In this case, the 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Lexapro 10mg 30/30 for DOS 3/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter, Escitalopram.

Decision rationale: The patient presents with pain in the entire back, but primarily worse in the lower back, rated 7/10 with medications and 10/10 without medications. The request is for LEXAPRO 10 MG 30/30 FOR DOS 3/23/15. Physical examination to the lumbar spine on 04/20/15 revealed tenderness to palpation to the paraspinals from L4-S1. Lumbar facet loading maneuvers were positive. Patient's treatments have included physical therapy, medications, and TENS unit, without benefits. Per 03/23/15 progress report, patient's diagnosis include chronic pain syndrome, lower back pain, neck pain, spinal enthesopathy, and fasciitis, unspecified. Patient's medications, per 04/20/15 progress report, patient's medications include Clonazepam, Tramadol ER, Lexapro, and Tramadol IR. Patient is temporarily totally disabled. Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective serotonin reuptake inhibitors (SSRIs). MTUS guidelines for SSRIs state, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG Guidelines, under Mental Illness and Stress Chapter and Escitalopram section state that Lexapro is "recommended as a first-line treatment option for MDD and PTSD." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The patient has received prescriptions for Lexapro on 03/23/15 and 04/20/15. Per 04/20/15 progress report, the patient reports getting benefit from her current medications on pain and function. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Lexapro specifically has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Lexapro IS NOT medically necessary.