

Case Number:	CM15-0097754		
Date Assigned:	05/28/2015	Date of Injury:	10/11/2000
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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:

This is a 61-year-old male with an October 11, 2000 date of injury. Current diagnoses include thoracolumbar spine sprain with left sacroiliac sprain and left leg radiculitis, lumbar spine disc protrusion with stenosis and multilevel bilateral facet hypertrophy. Treatments and evaluation to date have included chiropractic, home exercise, electrical muscle stimulation, imaging studies, and medications. Ultram was prescribed in July 2014. Fexmid was prescribed in March 2014. A progress note dated April 13, 2015 documents subjective findings of lower back pain rated at a level of 7-8/10). Examination findings include tenderness to palpation over the bilateral paravertebral musculature, lumbosacral junction and left sacroiliac joint, decreased range of motion of the lumbar spine, straight leg test elicits lower back pain, and increased pain in all planes of motion. The medical record identifies that electrical muscle stimulation offers a 40% decrease in lower back pain, and increases functionality, with ability to walk further, stand longer and perform household chores. The injured worker uses a back garment with the unit, as he is unable to place pad on his back especially when in pain. Functional benefit of medications was noted as able to perform activities of daily living, improved participation in therapy program and home exercise program, and improved sleep pattern. Work status was noted as not working, retired. The treating physician documented a plan of care that included Ultram, Zanaflex, Remeron, and electrodes for a conductive back garment. It was noted that fexmid and sonata were discontinued and zanaflex and remeron were prescribed. Zanaflex was noted to be for treatment of spasm and remeron was noted to be a sleep aide. A urine drug screen from March 2, 2015 was noted to demonstrate compliance with prescribed medication. On 5/11/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: This injured worker has chronic back pain. Tramadol (ultram) has been prescribed for at least ten months. 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. Tramadol may also produce life-threatening serotonin syndrome. This injured worker has been prescribed remeron, another serotonergic medication, which increases the risk of serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of functional goals, and work status was noted as not working/retired. An opioid contract was not submitted. One urine drug screen was submitted and was noted to be consistent with prescribed medications. 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 or increased function from the opioids used to date. 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 increases in activity of daily living because of use of tramadol were not discussed; medications as a group were noted to provide some benefit with activities. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-33.

Decision rationale: This injured worker has chronic back pain. Fexmid (cyclobenzaprine, a muscle relaxant) was prescribed in March of 2015, and zanaflex was prescribed in April 2015. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Although nonspecific benefit from use of fexmid was noted, no reports show any specific and significant improvement in pain or function because of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of evaluation of liver or renal function for this injured worker. Due to quantity prescribed not consistent with the guideline recommendations for short-term use, lack of functional improvement from prior use of muscle relaxants, and potential for toxicity, the request for tizanidine is not medically necessary.

Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment and Other Medical Treatment Guidelines pdr.net.

Decision rationale: The MTUS states that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, remeron was noted to be prescribed as a sleep aide. 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 was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids (which have been prescribed for this injured worker for many months), which significantly impair sleep architecture, and depression. Remeron (mirtazapine) is piperazino-azepine anti-depressant, which increases central noradrenergic and serotonergic activity. Remeron is indicated for treatment of major depressive disorder. Side effects include severe neutropenia, serotonin syndrome, akathisia, somnolence, acute angle-closure glaucoma, orthostatic hypotension, weight gain, and elevation in cholesterol and liver enzymes. There was

no documentation of diagnosis of depression for this injured worker. The injured worker was also prescribed tramadol, another serotonergic medication, which can increase the risk of serotonin syndrome. Due to lack of evaluation of sleep disturbance, lack of documentation of presence of depression or evaluation for depression, and potential for toxicity, the request for remeron is not medically necessary.

Electrodes for conductive back garment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The documentation indicates that this injured worker has been using an electrical stimulation unit with a garment, as he is unable to place the pads on his back especially when in pain. The MTUS addresses the use of a jacket in the context of interferential stimulation units (a type of electrical stimulation unit), and states that a jacket should not be certified unless there is documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The documentation does state that the injured worker is unable to place the pads on his back. The documentation also states that electrical muscle stimulation offers a 40% decrease in lower back pain, and increases functionality, with ability to walk further, stand longer and perform household chores. The Utilization Review determination denied the request for electrodes, stating that there was no documentation of neuropathic pain. However, the injured worker already has been using the electrical stimulation unit with documentation of functional benefit as noted. As such, the request for electrodes for conductive back garment is medically necessary.