

Case Number:	CM15-0097913		
Date Assigned:	05/29/2015	Date of Injury:	04/30/2001
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
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: 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 66 year old female who sustained an industrial injury on 04/30/2001. Current diagnoses include degeneration lumbar/lumbosacral disc, and lumbar disc displacement without myelopathy. Previous treatments included medication management, physical therapy, massage therapy, chiropractic, acupuncture, and radio-frequency facet rhizotomies. Report dated 05/01/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the left hip. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination did not document any abnormalities. The treatment plan included prescriptions for Lidoderm patches, pantoprazole, Tramadol, and Ambien were given. Disputed treatments include Tramadol, Lidoderm patch, pantoprazole, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 04/30/01 and presents with low back pain. The request is for TRAMADOL 50 MG #75. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 11/07/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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 02/06/15 and 03/06/15 reports indicate that the patient rates her pain as an 8/10. The 04/03/15 report states that the patient has adequate analgesia with the use of 75 tablets of tramadol per month she denies any side effects with the use of this medication. In this case, the treater does not discuss all of the 4As are addressed as required by MTUS Guidelines. Although the treater provides general pain scales, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy. The patient does not have any adverse behavior/side effects. No validated instruments are used and there are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The patient had a urine drug screen conducted on 11/07/14; however, the results of the UDS are not clear. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol IS NOT medically necessary.

Lidoderm patch 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 04/30/01 and presents with low back pain. The request is for LIDODERM PATCH 5% #90. There is no RFA provided and the patient is permanent and stationary. The patient has been using this patch as early as 11/07/14. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when

medications are used for chronic pain. The patient is moderately obese and has an antalgic gait. No further recent objective findings are provided. She patient is diagnosed with degeneration lumbar lumbosacral disc and lumbar disc displacement. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm IS NOT medically necessary.

Pantoprazole 20mg #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 risks Page(s): 69.

Decision rationale: The patient was injured on 04/30/01 and presents with low back pain. The request is for PANTOPRAZOLE 20 MG #60 for GI protection. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 12/08/14. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with degeneration lumbar lumbosacral disc and lumbar disc displacement. The 04/03/15 report states that the patient has a history of gastroesophageal reflux. As of 04/03/15, the patient is taking Tramadol and Ambien. There are no prescribed NSAIDs listed. Although the patient is over 65 years old and has a history of gastroesophageal reflux, she does not have concurrent use of ASA, corticosteroid, anticoagulant, or high-dose/multiple NSAIDs. Therefore, the requested Pantoprazole IS NOT medically necessary.

Ambien 5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, zolpidem (Ambien).

Decision rationale: The patient was injured on 04/30/01 and presents with low back pain. The request is for AMBIEN 5 MG #15. There is no RFA provided and the patient is permanent and stationary. The patient has been taking this medication as early as 03/06/15. MTUS and ACOEM Guidelines are silent with regard to his request. However, ODG Guidelines, mental illness and stress chapter, zolpidem (Ambien) states, "Zolpidem (Ambien, generic available, Ambien CR) is indicated for short term use of insomnia with difficulty of sleep onset (7-10

days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Long term studies have found Ambien CR to be effective for up to 24 weeks in adults." The patient is diagnosed with degeneration lumbar lumbosacral disc and lumbar disc displacement. The 03/06/15 report states that the patient continues to note difficulty sleeping secondary to pain. ODG Guidelines support the use of Ambien for 7 to 10 days for insomnia. However, the patient has been taking this medication since 03/06/15 which exceeds the 7 to 10 day limit indicated by ODG Guidelines. In this case, this medication has been used on a long-term basis which is not recommended by ODG Guidelines. Therefore, the requested Ambien IS NOT medically necessary.