

<b>Case Number:</b>	CM13-0010808		
<b>Date Assigned:</b>	09/20/2013	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented 36-year-old former gardener who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; transfer of care to and from various providers in various specialties; attorney representation; normal electrodiagnostic testing of June 11, 2013; and extensive periods of time off work. The applicant has apparently been given permanent work restrictions, which have not been accommodated by the employer. In a utilization review report of August 5, 2013, the claims administrator denied prescriptions or Naprosyn, Protonix, and Flexeril. Tramadol was partially certified. Little or no rationale was provided for the denials and/or partial certifications. An earlier note of July 11, 2013 is notable for comments that the applicant reports persistent low back pain. Limited lumbar range of motion is noted as is positive straight leg raising. The applicant exhibits grossly normal neurologic function, is given several medication refills. In an earlier note of July 9, 2013, the applicant was given permanent work restrictions through an agreed medical evaluation. A 5% whole-person impairment rating was issued. An earlier report of September 27, 2007 is notable for comments that the applicant denies any significant preexisting history, either industrial or otherwise. An earlier note of February 12, 2013 is notable for comments that the applicant reports persistent low back pain. It is stated that usage of medication at current dose is to facilitate activities of daily living and the applicant averages five-point diminution in pain owing to usage of tramadol extended release. It is also stated that the applicant developed GI upset with NSAID usage and stated that there was no GI upset while using proton pump inhibitors at a rate of thrice daily. L

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription of 90 Anaprox 550 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**Decision rationale:** No, the request for Anaprox (Naprosyn) 550 mg #90 is not medically necessary, medically appropriate, or indicated here. As noted on page 73 of the MTUS Chronic Pain Medical Treatment Guidelines, a twice daily dosing of Naprosyn is standard. The total daily dose can be increased to 1500 mg for a limited period when higher analgesia is needed. Chronic or long-term usage of Naprosyn at the thrice daily dosing proposed cannot be supported, however, particularly in light of the ongoing issues with GI side effects and dyspepsia reported. Given these issues with dyspepsia, it may be more appropriate to stop the NSAID in question and/or switch to a different NSAID, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, it is further noted. For all of these reasons, the request is non-certified.

**Request for prescription of 90 Protonix 20 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The request for Protonix 20 mg is also not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that usage of proton pump inhibitors can be employed in those individuals with NSAID induced dyspepsia, in this case, however, the offending NSAID, Naprosyn has been recommended for discontinuation. It is further noted that the proposed dosage of Protonix 20 mg thrice daily is in excess of that recommended by the FDA, which recommends 40 mg of Protonix daily for those individuals with gastroesophageal reflux disease. Longstanding usage of Protonix does not appear to be appropriate, given the applicant's ongoing issues with dyspepsia and given the fact that the offending NSAID, Naprosyn, has been recommended for discontinuation.

**Request for prescription of 30 Tramadol 150 mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** The request for tramadol 150 mg #30 is certified. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids are evidence of reduction in pain, improved functioning, and/or successful return to work. In this case, the applicant meets two of the three criteria. The applicant does report reduction in pain scores and improved functioning effected through ongoing tramadol usage, although it does not appear that the applicant has returned to work. On balance, however, two of the three criteria for continuing opioids have seemingly been met. Therefore, the original utilization review decision is overturned. The request is certified.

**Request for prescription of 90 Flexeril 7.5 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** The request for tramadol 150 mg #30 is certified. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids are evidence of reduction in pain, improved functioning, and/or successful return to work. In this case, the applicant meets two of the three criteria. The applicant does report reduction in pain scores and improved functioning effected through ongoing tramadol usage, although it does not appear that the applicant has returned to work. On balance, however, two of the three criteria for continuing opioids have seemingly been met. Therefore, the original utilization review decision is overturned. The request is certified.