

Case Number:	CM13-0043672		
Date Assigned:	02/03/2014	Date of Injury:	09/06/2009
Decision Date:	06/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Louisiana. 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/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 patient is a 53 year old female who sustained an injury on 09/06/09. The patient is noted to have been followed for complaints of chronic low back pain radiating to the lower extremities following lumbar surgical procedures including decompression and posterolateral fusion from L3 to S1 performed in September of 2012. The patient was seen on 10/07/13 for continuing pain complaints in the low back radiating to the lower extremities. The patient's pain score was 7/10 with medications. Without medications, the patient reported his pain at 8/10 on the VAS. The patient's physical examination noted limited range of motion of the lumbar spine with tenderness to palpation from L4 to S1. There was tenderness also in the paraspinal musculature. No evidence of progressive neurological deficit was noted. It was noted that the patient was also being followed for complaints of bilateral knee pain, left worse than right. The patient did receive injections for the right knee on 11/07/13. This provided some temporary benefit. Follow up on 12/02/13 reported no change in the patient's pain scores. There was continued tenderness to palpation in the lumbar spine with pain noted on lumbar range of motion. It is noted that Tramadol was increased to 15mg, 1 tablet every 6 hours as needed, a total of 120 provided for 1 month. The treating provider has requested Pantoprazole 20mg #30, Tizanidine 2mg #60, and Tramadol 50mg#90.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPRAZOLE 20MG TAKE 1 TAB BY MOUTH ONCE DAILY FOR 30 DAYS #30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In regards to the use of Pantoprazole 20mg, quantity 30, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The clinical documentation submitted for review did not note any significant side effects from oral medication use to include acid reflux. There was also no corresponding evidence to establish a diagnosis of gastroesophageal reflux disease which would reasonably require the use of a proton pump inhibitor. Therefore, this reviewer would not have recommended this medication as medically necessary.

TIZANIDINE 2MG TAKE 1 TAB BY MOUTH EVERY 12H FOR 30 DAYS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: In regards to the use of Tizanidine 2mg every 12 hours, quantity 60, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this.

TRAMADOL 50MG TAKE 1 TAB BY MOUTH ONCE DAILY FOR 90 DAYS #90:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 93-94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol 15mg, quantity 90, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The patient is noted to have had an increase in Tramadol use in the clinical documentation submitted for review. There was no indication of any substantial decrease in pain scores. Only a minimal improvement with medications was noted. There was no clear functional benefit documented. Furthermore, prior toxicology results showed inconsistent negative findings for Tramadol. Given the insufficient evidence to establish the efficacy of Tramadol, this reviewer would not have recommended this medication as medically necessary.