

Case Number:	CM13-0051563		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2012
Decision Date:	05/22/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pain Management, 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 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 33-year-old male with a 10/2/12 date of injury. His subjective complaints include constant low back pain radiating to the left leg rated 3/10 without medications and somewhat relieved with medications. Objective findings include lumbar spine tenderness to palpation more over the left paraspinal area associated with muscular guarding. His current diagnoses include lumbar spine herniated nucleus pulposus, stress, and anxiety, and treatment to date has been activity modification, medications (including ongoing use of Ultram), epidural steroid injection, trigger point injections, physical therapy, aquatic therapy, and acupuncture. A 10/4/13 medical report identifies that the patient has benefited from his current medication regimen. He has shown subjective improvement in terms of pain, stiffness, and weakness, as well as objective improvement in terms of tenderness, swelling, and range of motion. He has also shown functional restoration in work ability and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that risk factors for gastrointestinal events includes being over the age of 65; having a history of peptic ulcer, GI bleeding or perforation; concurrently using ASA, corticosteroids, and/or an anticoagulant; and/or using high dose/multiple NSAIDs. The Official Disability Guidelines state that Protonix may be recommended with documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, stress, and anxiety. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Protonix is not medically necessary.

ULTRAM 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80, 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations , section 9792.20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be recommended with documentation that the prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, specifically regarding Ultram, the MTUS Chronic Pain Medical Treatment Guidelines state that it may be recommended with documentation of moderate to severe pain and Ultram being used as a second-line treatment (alone or in combination with first-line drugs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, stress, and anxiety. In addition, there is documentaiton of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation that the patient has benefited from his current medication regimen; that the patient has shown subjective improvement in terms of pain, stiffness, and weakness; that the patient has shown objective improvement in terms of tenderness, swelling, and range of motion; and that the patient has shown functional restoration of work ability and activities of daily living. However, there is no documentation that the prescriptions are from a single practitioner, that they are taken as directed, and that the lowest possible dose is being prescribed. In addition, there is no documentation of moderate to severe pain and that Ultram is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Ultram is not medically necessary.