

Case Number:	CM13-0062653		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation and Pain Medicine is licensed to practice in Texas and Ohio. 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 injured worker is a 44 -year-old male who reported an injury on 08/09/2011. The mechanism of injury reported was a fall. The clinical note dated 11/01/2013 indicated the injured worker presented with complaints of pain to his low back rated at a 9/10 on a pain scale with noted weakness that was increased in the lower extremities since his injury and pain in the groin, more on the left side, with the low back pain. The injured worker complained of weakness on the right side in the left lower extremity with numbness more on the right side as well. The physician documented on the clinical notes that the lumbar standing and sitting test were done with no results. The injured worker had noted mild pain with lumbar flexion, with maximal pain felt centrally in the extension. Spring testing caused left groin pain, only without buttock pain. Straight leg rising was painful into the sole, when performed on the left, but more in the back on the right. Forced twisting was without pain bilaterally. Strength testing out of 5 showed hip flexion on the right side minus, L4, knee extension bilaterally 4, ankle dorsiflexion to the right 0, left 4, great toe dorsiflexion to the right 0, left 5, and greater plantar flexion of the right 1, left 4 per the physicians documentation. No obvious clonus. Ongoing clinical impressions noted whole body as of 01/07/2013 consistent with foot drop secondary to myelopathy with pain syndrome more likely attributed to the fall and secondary radicular and mechanical pain. The MRI scan as of 04/25/2013 noted possible right lower quadrant or inguinal hernia. Upon review, the L5 spondylosis without listhesis as per 08/09/2011 x-ray was documented by the treating physician. Diagnoses listed for this clinical office visit were lumbar facet syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy. The clinical note indicated to continue current medications of Depakote extended release 500 mg 1 tablet by mouth every 12 hours, Protonix 20 mg tablets 1 to 2 tablets daily, Senokot S tablet 8.6 mg 1 to 2 tablets every 12 hours as needed for constipation

from pain medications, hydrocodone 10/325 mg tablets 1 to 2 tablets orally up to 4 times a day as needed for breakthrough pain, and tramadol extended release tablet 150 mg tablet 1 by mouth up to twice a day for pain control as needed. Division of Workers' Compensation request for authorization for medical treatment form reviewed dated 11/14/2013 requested refills on the Depakote extended release 500 mg, Protonix 20 mg, hydrocodone 10/325 mg, and tramadol ER 150 mg. The clinical information did not indicate how long the injured worker had been taking these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG (PANTOPRAZOLE) TABLET: 1-2 DAILY #30: Upheld

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

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

Decision rationale: The request for PROTONIX 20MG (PANTOPRAZOLE) TABLET: 1 -2 DAILY #30 is non- certified. The California MTUS recommend that proton pump inhibitor are to be used to the treatment of dyspepsia secondary to NSAID therapy and that Protonix is indicated for the short - term treatment of active gastric and duodenal ulcers, erosive esophagitis, and symptomatic gastroesophageal reflux disease. The California MTUS Guidelines state that patients at risk for gastrointestinal events, such as people who are greater than 65 years of age, concurrent aspirin or corticosteroid usage, a prior history of peptic ulcer, or concurrent uses of NSAIDs should be treated with proton pump inhibitors such as Protonix. The documentation provided for review noted that the injured worker is 44 years old, is not on any NSAIDs, and is not noted to have a history of gastrointestinal disease processes. Therefore, the request for PROTONIX 20MG (PANTOPRAZOLE) TABLET: 1 -2 DAILY #30 is non-certified.

HYDROCODONE 10/325MG (NORCO) TABLE: 1/2 TO 1 TAB PO UP TO 4X/DAY PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78, 86.

Decision rationale: The request for HYDROCODONE 10/325MG (NORCO) TABLE: 1/2 TO 1 TAB PO UP TO 4X/DAY PRN #90 is non-certified. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosage should not exceed 120 mg of oral morphine equivalents per day. The documentation provided for review noted that

the injured worker has not had an improvement in function, has not had a decrease in pain, but has had an increase in pain. Therefore, the request for HYDROCODONE 10/325MG (NORCO) TABLET: 1/2 TO 1 TAB PO UP TO 4X/DAY PRN #90 is non-certified.

TRAMADOL ER 150MG TABLET: 1 TAB PO UP TO 2X/DAY FOR PAIN PRN #30:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78, 86.

Decision rationale: The request for TRAMADOL ER 150MG TABLET: 1 TAB PO UP TO 2X/DAY FOR PAIN PRN #30 is non-certified. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective improvement in function, objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosage of all opiates should not exceed 120 mg oral morphine equivalents per day. The documentation provided for review noted that the injured worker has had an increase in pain, and has not had any noted improvement in function. Therefore, the request for TRAMADOL ER 150MG TABLET: 1 TAB PO UP TO 2X/DAY FOR PAIN PRN #30 is non-certified.

DEPAKOTE ER 500MG (DLVAPROEX SODIUM) TABLET; 1 TAB PO Q12 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/21861814](http://www.ncbi.nlm.nih.gov/pubmed/21861814).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The request for DEPAKOTE ER 500MG (DLVAPROEX SODIUM) TABLET; 1 TAB PO Q12 #60 is non-certified. The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain (pains due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at post therapeutic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few random controlled trials directed at central pain and none for painful radiculopathy. The California MTUS notes that a good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response is a 30% reduction in pain. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the medication to be switched to a different first line agent or combination therapy if treatment with single drug agent fails. The documentation provided for review did not note any reduction in pain for the injured worker.

There was no documentation provided for improvement in function as well. Therefore, the request for DEPAKOTE ER 500MG (DLVAPROEX SODIUM) TABLET; 1 TAB PO Q12 #60 is non - certified.