

Case Number:	CM14-0000271		
Date Assigned:	01/10/2014	Date of Injury:	10/12/2012
Decision Date:	05/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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:

According to the records made available for review, this patient reported a 10/12/12 date of injury. At the time (11/26/13) of request for authorization for Protonix 20mg, 1 tablet twice a day, #60, Tramadol ER 150mg, 1 tablet once a day, #30, and Terocin Patches, 1 patch 12 hours on & 12 hours off, #20, there is documentation of subjective (persistent moderate low back pain with muscle stiffness and tightness; and persistent neck pain) and objective (tenderness along the lumbar paraspinal muscles with decreased lumbar range of motion) findings, current diagnoses (discogenic cervical condition with facet inflammation and right-sided radiculopathy; and discogenic lumbar condition with facet inflammation and right-sided radiculopathy), and treatment to date (medications (ongoing therapy with Terocin patches, Protonix for stomach upset, Naproxen, Gabapentin, and Flexeril), at least 6 chiropractic sessions, and at least 12 physical therapy sessions). In addition, medical report plan identifies the patient needs medications to be functional. Regarding the requested Protonix 20mg, 1 tablet twice a day, #60, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID), preventing gastric ulcers induced by NSAIDs, and failure of a first-line proton pump inhibitor (such as omeprazole or lansoprazole). Regarding the requested Tramadol ER 150mg, 1 tablet once a day, #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG, 1 TABLET TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs) and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. 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. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and failure of a first-line proton pump inhibitor (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation and right-sided radiculopathy; and discogenic lumbar condition with facet inflammation and right-sided radiculopathy. However, despite documentation of ongoing treatment with Naproxen and that Protonix is being used for stomach upset, there is no documentation of risk for gastrointestinal events (high dose/multiple NSAID), preventing gastric ulcers induced by NSAIDs, and failure of a first-line proton pump inhibitor (such as omeprazole or lansoprazole). Therefore, the request for Protonix 20mg, 1 tablet twice a day, #60 is not medically necessary and appropriate.

TRAMADOL ER 150MG, 1 TABLET ONCE A DAY, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Specific Drug List - Tramadol, Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80, 113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. 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 discogenic cervical condition with facet inflammation and right-sided radiculopathy; and discogenic lumbar condition with facet inflammation and right-sided radiculopathy. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment (in combination with first-line drugs). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Tramadol and that the patient needs medications to be functional; there is no documentation 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 as a result of use of Tramadol. Therefore, the request for Tramadol ER 150mg, 1 tablet once a day, #30 is not medically necessary and appropriate.

TEROCIN PATCHES, 1 PATCH 12 HOURS ON & 12 HOURS OFF, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with facet inflammation and right-sided radiculopathy; and discogenic lumbar condition with facet inflammation and right-sided radiculopathy. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, the request for Terocin Patches, 1 patch 12 hours on & 12 hours off, #20 is not medically necessary and appropriate.