MAXIMUS Federal Services

| Case Number: | CM14-0001029 | | |
|---|---|---|---|
| Date Assigned: | 01/22/2014 | Date of Injury: | 04/11/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 12/20/2013 |
| 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 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 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 has submitted a claim for cervical and lumbar disc displacement associated with an industrial injury date of 04/11/2012. Treatment to date has included epidural steroid injection, physical therapy, TENS unit, back brace, oral and topical medications. Medical records from 2012 to 2013 were reviewed with the latest progress report dated 10/31/2013 showing that patient has been complaining of chronic severe low back pain radiating to both legs. The patient felt miserable because of the pain. Objective findings showed a motor strength of 4/5 at bilateral plantarflexors and dorsiflexors. Both patellar and Achilles reflexes were decreased bilaterally. Sensation was likewise decreased at L5 and S1 dermatomes bilaterally. The patient was only able to perform trunk flexion up to 25 degrees. MRI of the lumbosacral spine, dated 06/08/2012, revealed L5-S1 degenerative disc bulge abutting the right S1 nerve root. There was mild to moderate bilateral neural foraminal compromise at that level. Current medications include Ultram ER 150mg, Norco 2.5/325mg, Menthoderm gel 120gm, Anaprox 560mg, and Protonix 20mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL ER #60 DISPENSED ON 10/31/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 113.

**Decision rationale:** As stated on page 75 of Chronic Pain Medical Treatment Guidelines, central acting analgesics are an emerging fourth class of opiate that may be used to treat chronic pain. Tramadol is reported to be effective in managing neuropathic pain. In this case, the earliest progress report stating the patient's usage of Tramadol was written on 02/07/2013. Per the guidelines, opioids should be continued if the patient has significant improvement in functioning and pain. Medical records submitted for review did not document significant improvement in pain and functional activities with the use of this medication. Furthermore, the request did not specify the dosage of medication. Therefore, the request for Tramadol HCl ER #60, dispensed on 10/31/13 is not medically necessary or appropriate.

**PANTOPRAZOLE DR #60 DISPENSED ON 10/31/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the medical records did not mention any subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity for this medication. Likewise, there was no evidence that there was a history of stomach ulcers, or gastroesophageal reflux disorder. Furthermore, the request did not specify the dosage of medication. Therefore, the request for Pantoprazole Sodium DR #60 is not medically necessary or appropriate.

**HYDROCODONE 2.5/325MG #60 DISPENSED ON 10/31/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 91.

**Decision rationale:** As stated on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia (pain relief), Adverse effects (side effects), Activities of Daily Living (physical and psychosocial functioning) and Aberrant drug-taking behaviors (occurrence of any potentially aberrant drug-related behaviors). Furthermore, page 80 states some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and /or successful return to work. The

earliest documentation stating the use of Hydrocodone, was dated 07/20/2012. Medical records submitted for review did not show that there was significant improvement in pain and functional activities with the use of this medication. Therefore, the request was not medically necessary or appropriate.