

<b>Case Number:</b>	CM14-0118536		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 is a 60-year-old male with a date of injury on 4/11/13. The mechanism of injury was described as a jolt-type injury. The patient was carrying a 30-pound garbage drum on his Shoulder when the drum struck a low roof. The patient was knocked backwards, but he did not fall. He felt immediate pain in his left shoulder and lower back, and about 4 months later, noticed a lump in the right groin. He underwent hernia repair surgery on 5/14/14. The last exam date documented was on 8/11/14, at which time the patient complained of persistent pain and spasms, which were rated as 3/10 with medications and 7-8/10 without medications. Physical examination revealed left shoulder and lumbar tenderness and spasms. Range of motion in the lumbosacral spine is restricted by approximately 25 percent. The straight leg raise and Bowstring tests are negative bilaterally, as is the femoral stretch. The neurological examination shows no sensory or motor deficits, and the reflexes are normal. The current diagnosis includes musculoligamentous sprain/strain lumbosacral spine; disc bulges, multiple levels, LS; hernia, status post-surgery; and left shoulder impingement. Treatment to date includes medications, topical analgesics, and hernia surgery. Medications to date are Naproxen, Tramadol ER, Prilosec, Norflex, and Norco. An adverse determination was received on 7/17/14, due to non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term symptomatic relief of acute mild to moderate pain, and are associated with significant side effects. Because the patient had been on long-term NSAIDs without documentation of significant derived benefit through prior long-term use, the request for Anaprox was considered not medically necessary. Ultram, an opioid medication is recommended for short-term use in cases of moderate to moderately severe pain. Because this patient had previous long-term use of this medication without significant derived benefit, the request for additional Ultram was considered not medically necessary. Proton-pump inhibitor (PPI) medications, such as Protonix, are recommended for patients who

have had gastrointestinal events, or are at risk for them. Since this patient was not at intermediate risk of a gastrointestinal (GI) event, and NSAID use is no longer indicated, the request for Protonix was considered not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Anaprox DS 550mg x 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation ODG (Pain Chapter)

**Decision rationale:** CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient is under care for chronic musculoskeletal pain resulting from an industrial injury, which occurred 2-1/2 years ago. Treatment to date has been primarily medication based, relying on NSAIDs (OTC and prescription), muscle relaxants, and opiate analgesics. The patient reports significant improvement in pain with use of the medications and his physical examination reveals paraspinal pain and spasms, restricted lumbosacral spinal motion, and a normal neurological exam. However, the guidelines are clear that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. This patient had been on long-term NSAIDs without documentation of significant derived benefit through prior long-term use. Therefore, the request for Anaprox DS 550 mg x 90 is not medically necessary.

**ULTRAM 150MG X 90:** Upheld

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

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

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. This patient is under care for chronic musculoskeletal pain resulting from an industrial injury, which occurred 2-1/2 years ago. Treatment to date has been primarily medication based, relying on non-steroidal anti-inflammatory drugs (NSAIDs) (OTC and

prescription), muscle relaxants, and opiate analgesics. The patient reports significant improvement in pain with use of the medications and his physical examination reveals paraspinal pain and spasms, restricted lumbosacral spinal motion, and a normal neurological exam. However, the guidelines are clear that opioid medications are recommended for short-term use in cases of moderate to moderately severe pain. Because this patient had previous long-term use of opioids, including Ultram, without documentation of significant benefit ascribable to these medications, this request is not medically necessary.

**Protonix 20mg x 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. This patient is under care for chronic musculoskeletal pain resulting from an industrial injury, which occurred 2-1/2 years ago. Treatment to date has been primarily medication based, relying on NSAIDs (OTC and prescription), muscle relaxants, and opiate analgesics. The patient reports significant improvement in pain with use of the medications and his physical examination reveals paraspinal pain and spasms, restricted lumbosacral spinal motion, and a normal neurological exam. However, the guidelines are clear that Proton-pump inhibitor (PPI) medications, such as Protonix, are recommended for patients who have had gastrointestinal events, or are at risk for them. Since this patient was not at intermediate risk of a gastrointestinal (GI) event, and NSAID use is no longer indicated, this request is not medically necessary.