

<b>Case Number:</b>	CM14-0151460		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old female with a reported date of injury of 02/14/2002. The injury reportedly occurred when the injured worker slipped and fell on a pallet. Her diagnoses were noted to include cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy, bilateral shoulder internal derangement, thoracolumbar musculoligamentous strain, status post lumbar spine surgery at L4 through S1, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and chronic pain. Her previous treatments were noted to include physical therapy, epidural injections, lumbar support, aquatic therapy, surgery, and medications. The progress note dated 07/12/2014 revealed complaints of cervical spine and lumbar spine pain rated 8/10. The injured worker described the cervical spine pain as constant and sharp that traveled to the bilateral arms into the hands associated with weakness, swelling, and numbness. The injured worker described the low back pain as sharp and intense that traveled to the buttocks and bilateral legs and into the bottom of the feet associated with weakness, numbness, and tingling. The injured worker complained of right hand swelling and redness. The physical examination revealed the injured worker was wearing a lumbar support orthotics brace and a right wrist brace and ambulated with a cane. The cervical spine examination revealed moderate tenderness to palpation and spasms noted over the cervical paraspinal muscles. The axial head compression and Spurling's sign were noted to be positive with tenderness noted over the cervical facets at the C4 through C7 levels. The physical examination of the lumbar spine revealed diffuse moderate to severe tenderness to palpation noted over the lumbar paraspinal muscles and lumbar facets at the L3 through S1 levels. There was positive sacroiliac tenderness bilaterally and positive straight leg raising and femoral stretch bilaterally. The lumbar spine had decreased range of motion and decreased sensation in the L5 and S1 dermatomes to the left side. The lower extremity muscle strength was rated 4/5 to the

plantar flexors, foot evertors, and foot invertors. Deep tendon reflexes were to the left ankle at 1+. The Request for Authorization form dated 08/11/2014 was for Motrin 600 mg #90, Protonix 40 mg #30, and tramadol 50 mg #60; however, the provider's rationale was not submitted within the medical records.

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

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

**Motrin 600mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The request for Motrin 600 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 2007. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation regarding efficacy and functional improvement with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

**Protonix 40mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): page 68..

**Decision rationale:** The request for Protonix 40 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California MTUS Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; history of peptic ulcer or gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or using high dose/multiple NSAIDs. There was a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

**Tramadol 50mg#60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): page 78..

**Decision rationale:** The request for tramadol 50 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 2007. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) should be addressed. There was a lack of evidence of decreased pain on a numerical scale with the use of medications. There was a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There was a lack of documentation regarding side effects and the most recent urine drug screen was performed 04/2014, which was consistent with therapy. Therefore, due to a lack of documentation regarding significant pain relief, improved functional status, and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request is not medically necessary.

**Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): page 24..

**Decision rationale:** The request for Xanax 1mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported by the guidelines. Additionally, there request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.