

Case Number:	CM14-0158597		
Date Assigned:	10/02/2014	Date of Injury:	04/04/2012
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 is a 41-year-old male with a 4/4/12 date of injury. At the time (8/8/14) of request for authorization for Naproxen Sodium 550mg #90, Pantoprazole (Protonix) 20mg #60, Tramadol HCL ER 150mg #30, Ambien 5mg #10, and Gabapentin 600mg #60, there is documentation of subjective (low back pain, knee pain, numbness over bilateral lower extremities, trouble falling asleep) and objective (antalgic gait, tenderness over lumbar spine with decreased range of motion, and decreased deep tendon reflex on patellar as well as achilles tendon) findings, current diagnoses (lumbar disc displacement and lower leg joint pain), and treatment to date (medications (including ongoing treatment with Naproxen, Protonix, Tramadol, Ambien, and Gabapentin)). Medical reports identify that patient has decreased pain level and increased function with medications; and that patient is experiencing gastrointestinal upset with Naproxen. In addition, medical reports identify pain contract with interventional pain management. Regarding Pantoprazole, there is no documentation that Pantoprazole is used as a second-line treatment. Regarding Tramadol, there is no documentation of moderate to severe pain. Regarding Ambien, there is no documentation of the intention to treat over a short course (less than two to six weeks); 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 Ambien use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 lumbar disc displacement and lower leg joint pain. In addition, there is documentation of ongoing treatment with Naproxen. Furthermore, given documentation of decreased pain level and increased function with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on the guidelines and review of the evidence, the request for Naproxen Sodium 550mg #90 is medically necessary.

Pantoprazole (Protonix) 20mg #60: Upheld

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

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) Other Medical Treatment Guideline or Medical Evidence: 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 that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement and lower leg joint pain. In addition, given documentation of gastrointestinal upset with Naproxen, there is documentation of gastrointestinal event. However, there is no documentation that Pantoprazole is used as a second-

line treatment. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole (Protonix) 20mg #60 is not medically necessary.

Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 lumbar disc displacement and lower leg joint pain. In addition, there is documentation of ongoing treatment with Tramadol; and Tramadol used as a second-line treatment. Furthermore, given documentation of a pain contract with interventional pain management, there is 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. Lastly, given documentation of decrease in pain level and an increase function with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Tramadol use to date. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. Therefore, based on guidelines and a review of the evidence, the request for Tramadol HCL ER 150mg #30 is not medically necessary.

Ambien 5mg #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 lumbar disc displacement and lower leg joint pain. In addition, there is documentation of ongoing treatment with Ambien for insomnia. However, given documentation of ongoing treatment with Ambien, there is no (clear) documentation of the intention to treat over a short course (less than two to six weeks). In addition, despite documentation of decreased pain and increased function, 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 Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #10 is not medically necessary.

Gabapentin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). 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 lumbar disc displacement and lower leg joint pain. In addition, there is documentation of neuropathic pain; and ongoing treatment with Gabapentin. Furthermore, given documentation of decreased pain level and increased function with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600mg #60 is medically necessary.