MAXIMUS Federal Services

Case Number:	CM14-0180249		
Date Assigned:	11/04/2014	Date of Injury:	04/13/2012
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family 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:

This case involves a 50 year old female patient who sustained a work related injury on 4/13/12. The patient sustained the injury when she was pulling a 60 pound cart filled with fruit trays. The cart began to tip over and she pulled forcefully to prevent it from falling. It still fell and pulled her to the ground causing her to fall to the ground hitting the right side of her hip/low back region. The current diagnoses include lumbosacral myoligamentous sprain/strain, displacement of intervertebral disc without myelopathy, lumbago and status post lumbar decompression. Per the doctor's note dated 9/18/14, patient has complaints of low back pain and left lower extremity symptoms at 6/10. Physical examination revealed tenderness over lumbar spine, lumbar range of motion flexion 50%, extension 40%, left and right lateral tilt 40 %, left and right rotation 40%, and spasm in lumboparaspinal musculature. The medication lists include Tramadol, pantoprazole, Naproxen, Orphenadrine, omeprazole, Ibuprofen and cyclobenzaprine. The patient has had thoracic spine x-rays on 04/13/12; lumbar spine x-rays on 04/16/12; lumbar spine MRI on 05/22/12; EMG/NCS of the lumbar spine and bilateral lower extremities on 11/06/12 and 8/16/13 that revealed left chronic L5 denervation (clinically - radiculopathy); lumbar spine MRI on 11/10/12 that revealed L4-5 4 MM left lateral disc protrusion extending into and narrowing the left neuroforamen; left ankle MRI on 11/10/12; lumbosacral spine X-Rays on 07/29/14 that revealed multilevel degenerative disc and spondylitic disease with degenerative dextroscoliosis of the lumbar spine; and x-rays of the left ankle on 10/30/12 that was normal. The patient's surgical history includes lumbar decompression in December 15, 2013. The patient has had ESI for this injury. The patient has received an unspecified number of the physical therapy (PT) and chiropractic visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60 dispensed 8/28/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient's surgical history includes lumbar decompression in December 15, 2013. She has had an EMG/ NCS that shows objective evidence of lumbar radiculopathy. She is already taking a NSIAD and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. As such, this request is medically necessary.

Naproxen Sodium 550mg, #90 dispensed 8/28/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs).According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Naproxen for this injury. Per the doctor's note dated 9/18/14, patient has complaints of low back pain and left lower extremity symptoms at 6/10. Physical examination revealed tenderness over lumbar spine, lumbar range of motion flexion 50%, extension 40%, left and right lateral tilt 40%, left and right rotation 40%, spasm in lumboparaspinal musculature. The patient has had EMG/NCS of the lumbar spine and bilateral lower extremities on 11/06/12 and 8/16/13 that revealed Left chronic L5 denervation (clinically - radiculopathy); Lumbar spine MRI on 11/10/12 that revealed L4-5 4 MM left lateral disc protrusion extending into and narrowing the left neuroforamen; lumbosacral

Spine X-Rays on 07/29/14 that revealed multilevel degenerative disc and spondylitic disease with degenerative dextroscoliosis of the lumbar spine. The patient's surgical history includes lumbar decompression in December 15 2013. The patient has lumbar pain with objective evidence of radiculopathy including an EMG showing radiculopathy. NSAIDS like naproxen are first line treatments to reduce pain. As such, this request is medically necessary.

Pantoprazole 20mg times 90 dispensed 8/28/14: Upheld

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

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

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors (PPI) with non-steroidal anti-inflammatory drugs (NSAIDs), the MTUS Chronic Pain Guidelines recommend PPIs in, patients at intermediate risk for gastrointestinal events; patients at high risk for gastrointestinal (GI) events; and Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Pantoprazole 20mg times 90 dispensed 8/28/14 is not fully established in this patient. Therefore, this request is not medically necessary.

Supplies for TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114.

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no

literature to support use)." According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. " Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy (PT) with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established; therefore, this request is not medically necessary.