

Case Number:	CM14-0185431		
Date Assigned:	11/13/2014	Date of Injury:	05/02/2012
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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:

This is a 47-year-old female with a 5/2/12 date of injury. The injury occurred when she slipped, fell, and twisted. She fell onto concrete, and injured her low back and right knee. According to a progress report dated 10/15/14, the patient continued to be treated conservatively with the use of medications, and stated that there had been no change in her symptoms. She continued to have lower back pain, rated as 10/10 without the use of her medications, and a 7/10 with the use of her medications. Her medication regimen included Protonix, Ultram, and Norco. Objective findings: palpable tenderness of the paravertebral muscles, normal sensory examination, limited range of motion of lumbar spine. Diagnostic impression: L4-5 and L5-S1 facet arthropathy, lumbar spine degenerative disc disease. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/24/14 denied the request for Protonix and modified the requests for Norco from 60 tablets to 40 tablets and tramadol from 120 tablets to 60 tablets to allow for a taper. There is no documentation of an opioid agreement or UDS to confirm compliance as recommended by the guidelines. There is no documentation of improvement in GI symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of objective functional improvement or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, it is noted that the patient was also taking Norco. Guidelines do not support the concurrent use of multiple short-acting opioid medications. Therefore, the request for Tramadol 50mg #120 was not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Protonix)

Decision rationale: California Medical Treatment Utilization Schedule (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 (NSAID) therapy. However, in the present case, there is no documentation that the patient had gastrointestinal complaints. In addition, there is no documentation that the patient's medication regimen included an NSAID. Therefore, the request for Protonix 20mg #60 was not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of objective functional improvement or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, it is noted that the patient was also taking tramadol. Guidelines do not support the concurrent use of multiple short-acting opioid medications. Therefore, the request for Norco 5/325mg #60 was not medically necessary.