MAXIMUS Federal Services

Case Number:	CM14-0020881		
Date Assigned:	04/30/2014	Date of Injury:	01/21/2012
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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, has a subspecialty in Preventive 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain and major depressive disorder reportedly associated with an industrial injury of January 21, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy with tramadol; muscle relaxants, including Soma; proton pump inhibitors, including Protonix; epidural steroid injection therapy; and facet joint blocks.In a utilization review report dated February 12, 2014, the claims administrator retrospectively denied a request for Protonix, tramadol, and Soma, apparently dispensed on July 18, 2013.The applicant's attorney subsequently appealed.An August 29, 2013 progress note was notable for comments that the applicant was having ongoing issues with low back pain radiating to left leg. The applicant states that she has fallen on several occasions owning to the left leg weakness. The applicant continues to report paresthesias about the hands and digits. The applicant was severely obese with a height of 5 feet 4 inches and weight of 312 pounds. The applicant was using Ultram, Motrin, Soma, and Protonix, it was stated. It was stated that a request for a weight loss program had apparently been denied. The applicant was given prescriptions for Ultram for pain, Soma for muscle spasm, Protonix for gastrointestinal protective purposes, and a tapering course of steroids while remaining off of work, on total temporary disability.On October 10, 2013, the applicant was described as using a Medrol Dosepak.On July 18, 2013, the applicant was described as having undergone a third prior epidural steroid injection on July 10, 2013. The applicant only received fleeting pain relief. She is still having pain complaints, lower extremity weakness, and numbness and tingling about the hands causing her to drop objects. The applicant was asked to try and lose weight through a formal weight loss program. Ultram, Soma, and Protonix were endorsed. It was stated that earlier usage of NSAIDs had flared up the applicants

reflux and that usage of Protonix had attenuated the same. The applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE FOR DATE OF SERVICE 07/18/2013 FOR PANTOPRAZOLE SODIUM 20 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant was in fact reporting issues with NSAID-induced dyspepsia on the date in question. Usage of pantoprazole, a proton-pump inhibitor, to combat the same was indicated and appropriate. Therefore, the request is retrospectively medically necessary, on independent medical review.

RETROSPECTIVE PHARMACY PURCHASE FOR DATE OF 07/18/2013 FOR:TRAMADOL HYDROCHLORIDE 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work, despite ongoing tramadol usage. The applicant's pain complaints appear to be heightened despite ongoing tramadol consumption. The applicant's ability to perform even basic activities such as walking, gripping, and grasping are also described as impaired. All the above, taken together, imply that ongoing usage of tramadol has not been effective. Therefore, the request is not medically necessary.

RETROSPECTIVE PHARMACY PURCHASE FOR DATE OF SERVICE OF 07/18/2013 FOR:CARISOPRODOL 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes,

particularly when employed in conjunction with opioid agents. In this case, the applicant is seemingly using carisoprodol on a long-term and scheduled use basis in conjunction with tramadol, a synthetic opioid. This is not recommended, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.