

<b>Case Number:</b>	CM14-0021846		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

This is a 60-year-old female with a 09/02/2010 date of injury. A specific mechanism of injury was not described. A 2/10/14 determination was modified. A certification was rendered for Gabapentin and Mirtazapine and a modified certification was given for Tramadol and Protonix. The tramadol was modified from #30 to #20 given no documented functional improvement and no indication for tramadol for patients with depression. The modification was done to allow a weaning process. The Protonix was modified from #60 to #30 for one daily dosage. A 1/28/14 medical report identifies neck pain rated 7/10 with muscle spasms and stiffness. The provider states that there was an apparent request for Percocet, but it was not from the provider's office, and therefore, the patient was not provided with any prescription on that day. The patient reported some headaches and gastrointestinal irritation. An exam revealed tenderness along the cervical paraspinal muscles bilaterally with decreased range of motion. The same medical report further states that a prospective request for medications for next visit, including tramadol ER, gabapentin, naproxen sodium, Protonix, and mirtazapine. MTUS guidelines for the medications were included in the report. Records indicate that the patient was seeing [REDACTED] for depression and insomnia. A 2/27/14 medical report identifies that the patient received the following medications from the provider: tramadol ER #30, naproxen #60, Protonix 20mg #60, trazodone #60, gabapentin 600mg #90. It was also noted that the medications will be needed at next visit. Records also indicate that the patient was previously on Prilosec and continued to have GI complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The patient has chronic pain for which there was continuous medication management. However, there was no discussion regarding endpoints of treatment. Despite the physician including medication guidelines on his report, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. There was indication that the patient was given Percocet from another provider, and there was no indication that the patient was not receiving medications from another office. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. At the time of the previous determination, a modification was appropriately recommended for allow weaning of the medication. However, the request as presented is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs) and the Food and Drug Administration.

**Decision rationale:** MTUS chronic pain medical treatment guidelines describe that proton pump inhibitors can be recommended for those patients at intermediate risk for gastrointestinal events and no cardiovascular disease. ODG states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. There is indication that the patient had GI complaints and also was under chronic NSAID therapy. Records also indicate that the patient was previously on Prilosec and continued to have GI complaints. In that context, Protonix is indicated. However, it appears that the patient is being followed every month for medication management and at each visit she is provided with the medications. The prior determination to modify the request to a month supply seemed to be appropriate. There was no clear indication for a two month prescription given monthly medication dispensing. The medical necessity was not substantiated for the request as presented.

