

<b>Case Number:</b>	CM14-0029398		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/22/2000
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 61 year old male with date of injury 11/22/2000. The mechanism of injury is described as an injury while using a mop. The patient has complained of chronic low back pain with radiation to the lower extremities since the date of injury. He has been treated with medications, H wave therapy, physical therapy, and a lumbar decompression and laminectomy in 2000. A magnetic Resonance Imaging (MRI) of the lumbar spine performed in 08/2013 revealed surgical changes at L4-L5, and disc disease, mild spinal stenosis and moderate bilateral foraminal narrowing at L3-L4. Objective: tenderness of the bilateral lumbar paraspinal musculature, decreased range of motion of the lumbar spine. Diagnoses: lumbar spine disc disease, sciatica. Treatment plan and request: Naproxen, Venlafaxine, Trazadone, Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium-Anaprox 550mg #90, take 1 q twelve hours with food, quantity 90.00:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** This patient has made references of chronic lower back pain with radiation to the lower extremities since date of injury 11/22/2000. He has been treated with h wave therapy, physical therapy, surgery and medications to include Non-steroidal anti-inflammatory drug (NSAIDS) for at least several months duration. The current request is for naproxen. per the Medical Treatment Utilization Schedule (MTUS) guideline cited above, NSAIDS are recommended for short term (2-4 weeks) symptomatic relief in the treatment of chronic back pain. The use of an NSAID for the treatment of chronic back pain in this patient exceeds the recommended duration of treatment. On the basis of the MTUS guideline cited above, Naproxen is not indicated as medically necessary.

**Venlafaxine Hcl Er 37.5 mg #60, take 2 tab hs, quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE Page(s): 123.

**Decision rationale:** This patient has made references of chronic lower back pain with radiation to the lower extremities since date of injury 11/22/2000. He has been treated with H wave therapy, physical therapy, surgery and medications. The current request is for Venlafaxine. Per the Medical Treatment Utilization Schedule (MTUS) guideline cited above, Venlafaxine is the first line treatment for neuropathic pain and is Food And Drug Administration FDA approved for the treatment of anxiety and depression. There is no documentation provided indicating the medical reasoning for use of this medication in this patient nor is there evidence supporting the presence of these diagnoses. On the basis of the MTUS guideline and the lack of necessary documentation, Venlafaxine is not indicated as medically necessary.

**Trazodone 50mg #90. 1-2 qhs, quantity 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This patient has made references of chronic lower back pain with radiation to the lower extremities since date of injury 11/22/2000. He has been treated with H wave therapy, physical therapy, surgery and medications. The current request is for Trazadone. There is inadequate documentation in the available medical records regarding the use and efficacy of Trazadone in this patient. Trazadone is approved for the treatment of depression. There is no documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation, Trazadone is not indicated as medically necessary in this patient.

**Pantoprazole-Protonix 20mg #60, take one tab 1/2 hr before meals bid, quantity 60.00:**  
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 AND CARDIOVASCULAR RISK Page(s): 67-68.

**Decision rationale:** This patient has made references of chronic lower back pain with radiation to the lower extremities since date of injury 11/22/2000. He has been treated with h wave therapy, physical therapy, surgery and medications. The current request is for Protonix. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. Cotherapy with an Non-steroidal anti-inflammatory drug NSAID is not indicated in patients other than those at higher risk, as described in the California Medical Treatment Utilization Schedule (MTUS). No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, chronic use of Proton-pump inhibitors (PPI'S) can predispose patients to hip fractures and other unwanted side effects such as clostridium difficile colitis. protonix is not indicated based on lack of medical necessity according to the MTUS, and risk of toxicity.