MAXIMUS Federal Services

Case Number:	CM14-0037142		
Date Assigned:	06/25/2014	Date of Injury:	04/16/2012
Decision Date:	08/14/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Medicine and is licensed to practice in Pain Medicine. 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 injured worker is a 27 year old male who has a reported date of injury of 04/16/12. On this date, the injured worker leaned back in his chair, the back snapped off and he twisted. The injured worker came down on 1 knee but did not fall entirely to the ground. The injured worker was seen at a healthcare facility 04/20/12 with complaints of upper and lower back discomfort. The injured worker was referred for chiropractic treatment and dispensed medication. The injured worker was laid off on 04/26/12 and continued to complain of lower back discomfort. The injured worker has had physical therapy, non-steroidal anti-inflammatory medications, muscle relaxants, and pain medication. The most recent submitted medical record dated 03/24/14 the injured worker presented walking with a cane and use of a back brace and a TENS unit as well as hot and cold wrap. The injured worker has been taking medication, which has been helpful in reducing his pain and helping him to be more functional. The injured worker does feel quite depressed. The injured worker states that he cannot do things he used to do. The injured worker is having quite a bit of anxiety, stress, and depression. Current medication is Tramadol ER, Naproxen, and Protonix for a history of gastritis, Flexeril for muscle spasms and stiffness and tightness, and Trazadone for sleep. The injured worker has some tenderness along the lumbar paraspinal muscles. Neurological examination is intact. The injured worker walks with the use of a cane. Diagnoses include discogenic lumbar condition with facet inflammation and radiculopathy at L5, signs of thoracic sprain and facet inflammation as well. The injured worker has weight gain, and element of depression. In review of the records submitted, pain scale with medication is 5-6/10 without medication is 9/10. There is no documentation of functional improvement. Prior utilization review dated 03/07/14 was denied. The current request is for Protonix 10mg #60. Trazadone 50mg #60. Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors (PPIs).

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Protonix. The injured worker does have a history of gastritis there is no documentation that the injured worker has failed first line proton pump inhibitor (PPI) like Omeprazole. If a PPI is used, omeprazole over the counter (OTC) tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Therefore medical necessity has not been established, the request is not medically necessary and appropriate.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antidepressants for chronic pain.

Decision rationale: The request for Trazadone 50 mg #60 is not medically necessary. The clinical documentation submitted for review does not supports the request for Trazadone. It is prescribed for insomnia, which is off label use, therefore medical necessity has not been established. The request is not medically necessary and appropriate.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid's.

Decision rationale: The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Tramadol. There is no documentation of functional improvement, and no urine drug screens submitted for review. Therefore, medical necessity has not been established. The request is not medically necessary and appropriate.