

Case Number:	CM14-0038723		
Date Assigned:	06/27/2014	Date of Injury:	10/04/2001
Decision Date:	07/31/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/02/2014

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:

According to the records made available for review, this is a 62-year-old male with a 10/4/01 date of injury. At the time (3/7/14) of request for authorization for Prospective request for 1 prescription of Pantoprazole-Protonix 20 mg #180, Prospective request for 1 prescription of Tramadol/APAP 37.5/325 mg #270, Prospective request for 1 prescription of Glucosamine sulfate 500 mg #270, there is documentation of subjective (low back pain) and objective (sensation intact to light touch and pinprick bilaterally to lower extremities, straight leg raise negative, spasm and guarding noted in lumbar spine, lumbar spine motor strength is 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion and extensor hallucis longus) findings, current diagnoses (pain in joint pelvis thigh, lumbar disc displacement without myelopathy, lumbago, degeneration cervical disc), and treatment to date (medications including ongoing treatment with pantoprazole-protonix, glucosamine, and tramadol/APAP with improvement in low back pain and ability to perform a home exercise program with tramadol/APAP). Regarding Pantoprazole-Protonix, there is no documentation that Protonix is being used as a second-line. Regarding Tramadol/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Glucosamine sulfate, there is no documentation of moderate arthritis pain of the knee and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Glucosamine sulfate use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Pantoprazole-Protonix 20 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of pain in joint pelvis thigh, lumbar disc displacement without myelopathy, lumbago, and degeneration cervical disc. In addition, there is documentation of concurrent use of ASA. However, there is no documentation that Protonix is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 1 prescription of Pantoprazole-Protonix 20 mg #180 is not medically necessary.

Prospective request for 1 prescription of Tramadol/APAP 37.5/325 mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is

documentation of diagnoses of pain in joint pelvis thigh, lumbar disc displacement without myelopathy, lumbago, and degeneration cervical disc. In addition, given documentation of ongoing treatment with tramadol/APAP, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Tramadol/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Tramadol/APAP 37.5/325 mg #270 is not medically necessary.

Prospective request for 1 prescription of Glucosamine sulfate 500 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synovacin, Glucosamine (and Chondroitin Sulfate);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in joint pelvis thigh, lumbar disc displacement without myelopathy, lumbago, and degeneration cervical disc. However, there is no documentation of moderate arthritis pain of the knee. In addition, given ongoing treatment with glucosamine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Glucosamine sulfate use to date. Therefore, based on guidelines and a review of the evidence, the request for Prospective request for 1 prescription of Glucosamine sulfate 500 mg #270 is not medically necessary.