

<b>Case Number:</b>	CM14-0068187		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59 year old male was reportedly injured on November 1, 2007. The mechanism of injury is undisclosed. The most recent complete progress note, dated March 12, 2014, indicated that there were ongoing complaints of cervical spine pain radiating to the right upper extremity as well as low back pain. The physical examination demonstrated tenderness of the cervical spine paravertebral muscles and trapezius muscles with spasms. There was decreased cervical spine range of motion. Diagnostic imaging of the cervical spine demonstrated changes of an anterior discectomy, disc space or graft placement and fusion at C4 through C7. There was persistent lucency in the location of the disc space or an incomplete bony fusion across the disc spaces. Previous treatment included cervical spine surgery. A request was made for Tramadol extended release, Fexmid, and Protonix and was not certified in the preauthorization process on May 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg every 12 hours as needed for pain #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78 of 127.

**Decision rationale:** Tramadol extended release is a long acting opioid medication. The California Medical Treatment Utilization Schedule (MTUS) Guidelines support short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Tramadol extended release is not medically necessary.

**Fexmid 7.5mg twice a day #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

**Decision rationale:** Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations nor were there any spasms present on physical examination. For these reasons, this request Fexmid is not medically necessary.

**Protonix 20mg twice a day #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Proton Pump Inhibitors (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 of 127.

**Decision rationale:** Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of nonsteroidal anti-inflammatory medications. Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking nonsteroidal anti-inflammatory drugs (NSAIDs) with documented as gastrointestinal (GI) distress symptoms. The record provided, does not note a GI disorder, nor is there documentation of long term use of NSAID considered to be a high dose NSAID defined by the American College of Gastroenterology. Therefore, this request for Protonix is not medically necessary.