

<b>Case Number:</b>	CM14-0075656		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Texas and Ohio. 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 49-year-old female who reported injury on 10/07/2009 reportedly when she began experiencing pain in her wrists, hands, arm, head, elbow, neck, shoulders, legs, and feet. The injured worker's treatment history included medication, epidural steroid injection, physical therapy, psychological evaluation, psychological treatment sessions, CT scan, surgery, EMG/NCV, chiropractic treatment. The injured worker was evaluated on 07/16/2014, and it was documented the injured worker complained of neck and arm pain. The provider noted the injured worker returned to the clinic for her work related injury of neck and arm pain. She endorsed that she was followed up at, [REDACTED] and has seen a neurosurgeon who believed that the injured worker has pain due to the level adjacent to the fusion at C7-T1. The spine surgeon was recommending any epidural and if successful the injured worker may benefit from anterior and posterior fusion surgery. She continued to take Norco and ibuprofen and this allows her to function with 30% to 40% pain relief. She denied any side effects. Medications allow her to function including increase in endurance for walking ability and taking care of herself and grandchildren. Medications included Wellbutrin 100 mg, Klonopin 0.5 mg, Xanax 0.5 mg, Tenormin 100 mg, Norco 10/325 mg, and ibuprofen 600 mg. It was noted the injured worker denied any nausea, constipation, or GI upset. There was no loss of bowel control. Physical examination of the cervical spine revealed paraspinous tenderness and stiff. Palpable twitch, positive trigger points are noted in the muscles of the head and neck, specifically. Cervical spine was noted to be unstable. Anterior flexion was noted to be 20 degrees. There was pain noted when neck was flexed anteriorly. Extension of cervical spine was noted to be 15 degrees. There was pain noted with extension of cervical spine. Left lateral rotation was noted to be 35 degrees. Painful left lateral rotation cervical spine was reported by the injured worker. Left lateral flexion was associated with pain. Painful right lateral rotation cervical spine was reported by the injured

worker. Right lateral flexion was associated with pain. Trigger points, palpable trigger points are noted. Right shoulder more than left. The Request for Authorization or rationale was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective pharmacy purchase of Tramadol 150mg #30 for date of service 04/01/14:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): page(s) 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted Given the above the request for retrospective pharmacy purchase of Tramadol 150 mg # 30 for date of service 04/01/2014 is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.

**Pantoprazole 20mg #60 Retrospective for date of service 04/01/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen and the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Pantoprazole 20mg #60 retrospective for date of service 04/01/2014 is not medically necessary.