

<b>Case Number:</b>	CM14-0153792		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 37 year old male who sustained an industrial injury on 04-08-2013 while removing heavy equipment from a pickup bed. The injured worker was diagnosed with umbilical hernia, discogenic thoracic facet inflammation and discogenic lumbar facet inflammation. Surgical interventions are not known. Treatment to date is not documented except for medications. According to the treating physician's latest progress report dated on July 24, 2014, the injured worker continues to experience intermittent low back pain with reported numbness and tingling and rated at 8 out of 10 on the pain scale. Examination demonstrated ability to stand on toes and heels and squat approximately halfway with discomfort. Lumbar flexion was documented at 30 degrees, extension at 20 degrees and bilateral lateral tilt at 10 degrees with discomfort in all directions. Deep tendon reflexes, motor strength and sensation were intact. The injured worker was unable to perform Milgram testing and straight leg raise was positive bilaterally at 60 degrees with tight hamstrings. Current medications prescribed were Tramadol ER, Naproxen, Flexeril, LidoPro lotion and Protonix. Treatment plan in July 2014 was referral to general surgery for umbilical hernia, chiropractic therapy, in-home transcutaneous electrical nerve stimulation (TEN's) unit, thoracic and lumbar magnetic resonance imaging (MRI), Electromyography (EMG) of the lower extremities, back brace, hot and cold wrap, physiatry referral and the current request for Tramadol ER and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use Page(s): 93-94, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Guidelines state before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. Within the documentation available for review, none of the above mentioned criteria has been done. In light of the above issues, the currently requested tramadol ER is not medically necessary.

**Protonix 20mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.