MAXIMUS Federal Services

Case Number:	CM14-0187054		
Date Assigned:	11/17/2014	Date of Injury:	04/05/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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:

This is a case of a 60 year old male with a date of injury of 4/5/2012. In a recent follow up visit note dated 10/14/2014 by [redacted], the patient came in for a follow up appointment. He still complains of neck pain, lower back pain, left shoulder pain and left hip pain. The patient rates the pain as 6/10. The pain is characterized as aching, dull, sharp, squeezing, and stabbing. He states that medications are not effective. He tolerates the medications well. He shows no evidence of medication dependency. With the current medication regimen, his pain symptoms are adequately managed. The level of sleep for the patient has decreased due to difficulty in staying asleep. His sleep quality is poor. The pain level has increased since his last visit. On physical examination, the patient appears to be depressed. Thoracic spine evaluation reveals tenderness to the paravertebral muscles bilaterally. Lumbar range of motion is restricted with flexion limited to 70 degrees limited by pain and extension limited to 20 degrees limited by pain. Straight leg raising test is negative on both sides. Right shoulder examination reveals a positive Hawkins test. He is diagnosed with lumbar or lumbosacral disc degeneration, pain in the thoracic spine, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and brachial neuritis or radiculitis not otherwise specified. The patient states he is no longer taking Anaprox 550 mg, Lexapro 10 mg, Protonix DR 20 mg, and Vicodin 5-300 mg, so the medications were discontinued on that visit by his physician. Lumbar spine MRI revealed signs of moderate facet joint arthropathy. Spondylolisthesis is present at L4-5, classified as anterolisthesis and is of grade 1. Degenerative disc disease is noted at T12-L5. EMG results are suggestive or radiculopathy seen at the right L5 region.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription of Naproxen #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Non-steroidal Anti-inflammatory medication (NSAIDs) such as Naproxen is recommended as second-line treatment after Acetaminophen for acute low back pain and acute exacerbations of chronic pain. In general there is conflicting to negative evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. NSAIDs are recommended as an option for short-term symptomatic relief. They were found to be no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. The Cochrane review of the literature also found that NSAIDs had more side effects than placebo, and acetaminophen but fewer effects than muscle relaxant and narcotic analgesics. In this case, the patient has been on Anaprox (Naproxen) 550 mg on and off since at least 4/25/2014 without significant benefit and he also discontinued taking this medication prior to his last office visit on 10/14/2014. Also the request does not specify the dosage or the frequency to which Naproxen would be prescribed. There is no indication to prescribe this medication as he has been treated for at least several months and there has been no documented benefit, and the patient self-discontinued this medication prior to his last office visit. Therefore, based on MTUS guidelines and the evidence in this case, the request for Naproxen #60 is not medically necessary.

One (1) Prescription of Pantoprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: Based on MTUS guidelines, patients who are at risk for gastrointestinal events include: patients greater than 65 years old, patients with a history of peptic ulcer, gastrointestinal bleeding or perforation, patients with concurrent use of aspirin, corticosteroids, and /or an anticoagulant, or high dose/multiple NSAID use. In patients with no risk factors and no cardiovascular disease, a non-selective NSAID is OK, such as Naproxen. In patients with intermediate risk factors for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor (such as Omeprazole DR), or Misoprostol, or a Cox-2 selective agent would be appropriate. Long term use (greater than 1 year) of proton pump inhibitors has been shown to increase risk of hip fracture. In patients at high risk for gastrointestinal events with no cardiovascular disease, it is recommended to use a Cox-2 selective agent plus a proton pump inhibitor. In this case, the patient is seen as low risk. He does not have a documented history of Gastrointestinal Bleeding, or gastritis and is no longer taken

anti-inflammatory medications. There has been no documentation of abdominal issues, and he reports no benefit with this medication. He also has self-discontinued this medication prior to his most recent visit. Therefore, based on MTUS guidelines and the evidence in this case, the request for Protonix DR 20 mg #30 is not medically necessary.

One (1) Prescription of Tramadol HCL #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-82, 113.

Decision rationale: Based on MTUS guidelines, the use of central acting analgesics such as Tramadol may be used to treat chronic pain. They are also reported to be effective in managing neuropathic pain. Specifically, the use of opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. Opioid analgesics and Tramadol have been suggested as second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. In this case, the patient had been prescribed Tramadol back in 12/18/2012 and there was no good documentation as to benefits with this medication. The request also does not specify the dosage or the frequency to which Tramadol would be prescribed. Also, he has tried using Vicodin 5/300 mg and reported no benefit. He also self-discontinued all of his medications prior to his last office visit with [redacted] on 10/14/2014. Therefore, based on MTUS guidelines and the evidence in this case, the request for Tramadol HCL #30 is not medically necessary.