

Case Number:	CM14-0190371		
Date Assigned:	11/21/2014	Date of Injury:	10/26/2001
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/14/2014

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 Arizona. 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 woman with a work related injury dated 10/26/01 resulting in chronic low back pain. The injured worker was evaluated by the primary treating physician on 10/10/14. At that time she complained of pain in the low back with radiation to the right L5 distribution. The injured worker is treated with Celebrex, Protonix, Tramadol and Nortriptyline for neuropathic pain. She reports a decrease in pain when taking these medications. She is working full time and active with exercise. The exam shows decreased sensation to touch in an L5 distribution. Range of motion of the lumbar spine is decreased. Previous treatment has included bilateral carpal tunnel release, right knee arthroscopic meniscal repair and bilateral L5-S1 TFESI. The diagnosis includes GERD, chronic pain syndrome, spinal stenosis of lumbar region, lumbosacral spondylosis without myelopathy, spasm, low back pain and displacement of lumbar intervertebral disc without myelopathy. Under consideration is the continued use of Nortriptyline 10mg #30 with 2 refills, Pantoprazole 40mg #30 with 2 refills, Tramadol 50mg #20 with 2refills and Celebrex 200mg #30. The use of Nortriptyline and Tramadol were modified during utilization review dated 10/20/14. The use of Pantoprazole and Celebrex were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122, 76-96.

Decision rationale: Per guidelines, the use of a TCA, Nortriptyline, is recommended as a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case the injured worker is taking Tramadol for analgesia. The concomitant use of Tramadol and Nortriptyline leaves the injured worker at risk for a deadly condition called serotonin syndrome. The use of Nortriptyline is not medically necessary.

Pantoprazole 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no documentation that the injured worker has any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The injured worker does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The request for Pantoprazole 40mg #30 is not medically necessary.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-96.

Decision rationale: Per guidelines, Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about

confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the injured worker is taking a TCA and therefore is at risk for serotonin syndrome. Furthermore the documentation lacks a detailed assessment of functional status. The request for Tramadol is not medically necessary.

Celebrex 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: All Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDs may compromise renal function. According to the MTUS NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDs are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In this case the injured worker has GERD and has been treated with Celebrex. The request for Celebrex is not medically necessary.