

<b>Case Number:</b>	CM14-0208703		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/17/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 61 year old man with a date of injury of 12/17/12. He was seen by his provider on 10/22/14. He had complaints of 9/10 low back pain with radiation to the right leg. His medications included norflex, zolpidem, naproxen, tramadol and protonix. His exam showed he had an antalgic gait and used a cane. His sitting straight leg raise was positive. His lumbar spine flexion was decreased by 30%. His diagnosis was lumbar radiculopathy. At issue in this review are the retrospective request for the medications: protonix, tramadol and norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Protonix 20 mg #60:** Upheld

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

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

**Decision rationale:** This worker has chronic pain with an injury sustained in 2012. His medical course has included use of several medications including Naproxen. Protonix is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2)

history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no discussion of adverse GI events or symptoms. The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity, therefore the request is not medically necessary.

**Retrospective request for Tramadol ER 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** This injured worker has chronic pain since an injury in 2012. Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The request for Tramadol is not medically necessary.

**Retrospective request for Norflex 100 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain since an injury in 2012. The medical course has included numerous treatment modalities and use of several medications including NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. There is also no documentation of spasm on physical exam. The request for Norflex is not medically necessary.