

<b>Case Number:</b>	CM14-0027097		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 sustained a work related injury on December 17, 2009, slipping and falling off an elevated lift. The injured worker was noted to have undergone a previous lumbar fusion in May 2011. The injured worker's conservative treatments were noted to have included H-wave, chiropractic care, psychiatric care, and oral medications. The Primary Treating Physician's visit dated March 13, 2014, was the earliest dated physician's visit included in the documentation provided. The Physician noted the injured worker with complaints of low back, left buttock, and left lower extremity pain. The injured worker reported the pain as aching and stabbing of very severe intensity without treatment on a regular basis. Physical examination of the bilateral upper extremities, bilateral lower extremities, and spine was noted to show tenderness with deep palpation resulting in distal radiation of the pain, with globally and regional reduced range of motion. The examination was noted to show soft tissue dysfunction and spasm in the thoracic paraspinal, lumbar paraspinal, and gluteal regions. The injured worker was noted to exhibit a depressed mood as it pertained to the ongoing chronic pain condition. The diagnoses were noted to include postlaminectomy syndrome of the lumbar region, myalgia and myositis not otherwise specified, chronic pain syndrome, lumbosacral spondylosis without myelopathy, depressive disorder, and sleep disturbance. In January 2014, the physician requested authorization for a S1 epidural steroid injection (ESI), monthly medication assessment for 6 months, continued treatment with psychologist for 4 visits, chiropractic treatment for 8 visits, a second opinion consultation, a testosterone level, prescription of Norco 10/325mg, #100, with 3 refills, prescription of Nortriptyline HCL 25mg, #30, with 3 refills, prescription of Protonix DR 40mg,

#30 with 3 refills, and prescription of Tramadol ER 300mg, #30 with 3 refills. On February 4, 2014, Utilization Review evaluated the request for a S1 epidural steroid injection (ESI), monthly medication assessment for 6 months, continued treatment with psychologist for 4 visits, chiropractic treatment for 8 visits, a second opinion consultation, a testosterone level, prescription of Norco 10/325mg, #100, with 3 refills, prescription of Nortriptyline HCL 25mg, #30, with 3 refills, prescription of Protonix DR 40mg, #30 with 3 refills, and prescription of Tramadol ER 300mg, #30 with 3 refills, citing the MTUS Chronic Pain Medical Treatment Guidelines, the MTUS American College of Occupational and Environmental Medicine, the Official Disability Guidelines, and Addict Dis. 2005;24 (2):91-106; J Pain. 2002 Oct; 3 (5):377-84. The UR Physician noted the guidelines consider ESI an option for radiculopathy documented by examination findings and corroborated by imaging and/or electrodiagnostic studies, which were not provided in the available reports, therefore, the request for a S1 epidural steroid injection (ESI) was not approved. The UR Physician noted it was medically reasonable for the primary treating physician to reassess the injured worker and modified the request for monthly medication assessment for 6 months to one medication assessment. The UR Physician noted the injured worker had ten CBT treatment sessions with the deficits to be addressed, measurable goals, and a reasonable timetable to reach the goals was not provided, therefore the request for continued treatment with psychologist for 4 visits was not approved. The request for chiropractic treatment for 8 visits was modified to six visits of chiropractic treatments. The UR Physician noted the primary treating physician had not provided medical rationale and reasoning for the request for a second opinion consultation, therefore the request was not approved. The UR Physician noted the medical rationale for lab testing was not addressed therefore the request for a testosterone level was not approved. The UR Physician modified the request for a prescription of Norco 10/325mg, #100 with three refills, to Norco 10/325mg #100 with no refills. The UR Physician modified the request for a prescription of Nortriptyline HCL 25mg, #30, with 3 refills, to Nortriptyline HCL 25mg #30 with no refills. The UR Physician noted the injured worker was not taking non-steroid anti-inflammatory drugs (NSAIDs), and denied the request for the prescription of Protonix DR 40mg #30 with 3 refills. The UR Physician modified the request for a prescription of Tramadol ER 300mg, #30 with 3 refills, to Tramadol ER 300mg #30 with no refills. The decisions were subsequently appealed to Independent Medical Review.

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

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

**S1 injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, S1 injection is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. The criteria for use of epidural steroid injections include, but are not limited to, radiculopathy must be documented.

Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and are electrodiagnostic testing; initially unresponsive to conservative treatment; repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response; etc. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after the date of request (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested procedure (epidural steroid injection). The injured worker's working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. The request for authorization is for an S1 injection. There are no specifics in the medical record. Consequently, absent clinical documentation to support an epidural steroid injection in addition to radiculopathy corroborated by imaging studies and or electrodiagnostic testing, S1 injection is not medically necessary.

**Monthly Medication Assessment, for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, monthly medication assessment for six months is not medically necessary. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of

low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There is no clinical rationale in the medical record to support monthly medication assessments for six months based on the missing documentation. Consequently, absent clinical documentation and a clinical rationale to support a monthly medication assessment for six months, monthly medication assessment for six months is not medically necessary.

**Continued treatment with psychologist, for 4 visits: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation Pain section, Office visits

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued treatment with psychologist four visits is not medically necessary. The need for clinical office visit with a healthcare provider is individualized and based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization the submitted (January 29, 2014). The continued treatment with a psychologist for treatments cannot be determined from the existing documentation. The utilization review indicated, however, the injured worker had competent behavioral therapy #4 additional sessions remaining. There was no documentation in the medical records to support that claim. Consequently, absent clinical documentation to support the

continued treatment with a psychologist, continue treatment with psychologist is not medically necessary.

**Chiropractic Treatment for 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, chiropractic treatment

**Decision rationale:** Pursuant to the Official Disability Guidelines, chiropractic treatment eight visits is not medically necessary. Manipulation is recommended for chronic pain is caused by musculoskeletal conditions. The time to produce and effect is 4 to 6 treatments. Frequency is 1 to 2 times per week for the first two weeks as indicated by severity of the condition. For additional details see the official disability guidelines. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after the date of request (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested procedure (chiropractic treatment). The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. There is no documentation in the medical record of prior chiropractic treatment, objective functional improvement or chiropractic progress notes. Consequently, absent clinical documentation to support additional or ongoing chiropractic treatment, chiropractic treatment eight visits not medically necessary.

**1 second opinion consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127, Chronic Pain Treatment Guidelines History and physical assessment Page(s): 5-6. Decision based on Non-MTUS Citation Pain section, Office visit

**Decision rationale:** Pursuant to the ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one-second opinion consult is not medically necessary. Consultation is designed to save in the diagnosis, prognosis and therapeutic treatment. Thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent upon identifying and addressing previously unknown or undocumented medical and/or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The need for clinical office visit with a healthcare provider is individualized and based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization the submitted (January 29, 2014). There is no documentation or clinical indication or clinical rationale for a second opinion consult in the medical record. Additionally, the second opinion consult request that accompanied by the subspecialty consultant. Consequently, absent clinical documentation to support a second opinion consultation, one- second opinion consult is not medically necessary.

**Testosterone Level, qty: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Addict Dis. 2005;24(2):91-106; J Pain. 2002 Oct; 3(5):377-84

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Hypogonadism- testosterone

**Decision rationale:** Pursuant to the Official Disability Guidelines, testosterone levels #1 is not medically necessary. Hypogonadism has been noted in patients receiving long-term high-dose opiates. Routine testing of testosterone levels in men taking opiates is not recommended; however an endocrine evaluation and/or testosterone level should be considered in men taking

long-term, high dose oral opiates, or intrathecal opiates, and to exhibit symptoms or signs of hypogonadism, such as gynecomastia. See the guidelines for additional details. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization the submitted (January 29, 2014). The medical record did not contain documentation regarding low testosterone levels were signs or symptoms of low testosterone levels. Consequently, absent documentation regarding low testosterone levels or an endocrine evaluation or physical findings suggestive of hypogonadism secondary to chronic long-term opiate use, testosterone level #1 is not medically necessary.

**Prescription of Norco 10/325mg, #100, with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 764-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #100 with three refills is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date).

Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization the submitted (January 29, 2014). The medical records not attend documentation of objective functional improvement. The documentation did not contain a clinical indication/rationale for the continued use of Norco. Consequently, absent clinical documentation with objective functional improvement, Norco 10/325 mg #100 with three refills is not medically necessary.

**Prescription of Nortriptyline HCL 25mg, #30, with 3 refills: 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 Anti-depressants Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Pain section, anti-depressants

**Decision rationale:** Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, nortriptyline 25 mg #30 with three refills is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless ineffective, poorly tolerated or contraindicated. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization the submitted (January 29, 2014). The medical records do not contain evidence of objective functional improvement associated with nortriptyline. The documentation did not contain a clinical indication or rationale. Consequently, absent clinical documentation to support the ongoing use of

nortriptyline with objective functional improvement, nortriptyline 25 mg #30 with three refills is not medically necessary.

**Prescription of Protonix DR 40mg, #30 with 3 refills: 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), Pain Chapter, Proton Pump Inhibitor (PPI)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Protonix DR 40 mg #30 with three refills is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured worker's working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. The documentation does not contain any start dates. There was no documentation in the medical record on or about the time the request for authorization was submitted (January 29, 2014). The documentation did not contain comorbid conditions or past medical history compatible with risk factors for gastrointestinal event. Specifically, there was no history of peptic ulcer, G.I. bleeding while concurrent use of aspirin. Consequently, absent clinical documentation to support the ongoing use of Protonix, Protonix DR 40 mg #30 with three refills is not medically necessary.

**Prescription of Tramadol ER 300mg, #30 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 300 mg #30 with three refills is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the request for authorization is dated January 29, 2014. The oldest physician progress note in the medical record is 10 weeks after that date (March 13, 2014). There is no documentation in the medical record with a clinical rationale for clinical indication for the requested service. The injured workers working diagnoses are postlaminectomy syndrome of the lumbar spine; myalgia and myositis; chronic pain syndrome; lumbosacral spondylosis without myelopathy; depressive disorder; sleep disturbance; electronic prescribing disabled; and encounter for long-term use of other medications. The injured worker underwent lumbar fusion surgery (unknown date). Objectively, the injured worker complains of low back pain, left lower extremity pain and left buttock pain for several years. The symptoms are exacerbated with activity and walking. Objectively, there is tenderness palpation over the lumbar spine paraspinal muscle groups. The record states there is global and regional decreased range of motion (specifics not given). Neurologically sensation reveals dysesthesias throughout the affected areas (specifics not given). The injured worker's medications gabapentin 600 mg, Norco 10/325 mg, Relafen 500 mg, Protonix DR 40 mg, tramadol ER 300 mg; and Miralax powder 17 gm. the documentation does not contain evidence of objective functional improvement. The documentation does not contain a start date in the overall length of time is unclear. Consequently, absent clinical documentation to support the ongoing use tramadol with objective functional improvement, tramadol ER 300 mg #30 with three refills is not medically necessary.