

<b>Case Number:</b>	CM15-0105249		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for neck, elbow, low back pain, wrist, and shoulder pain reportedly associated with cumulative trauma at work first claimed on February 10, 2015. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for Protonix, partially approved a request for cyclobenzaprine, failed to approve a request for tramadol, and failed to approve a request for a urine toxicology screen. The claims administrator referenced an April 24, 2015 RFA form and associated April 1, 2015 progress note in its determination. The MTUS Chronic Pain Medical Treatment Guidelines were seemingly invoked, although this did not appear to be a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, elbow, wrist, and ankle pain. Physical therapy, acupuncture, and a CT imaging of the neck, low back, and electrodiagnostic of upper and lower bilateral lower extremities were endorsed while the applicant was kept off of work, on total temporary disability. Pain complaints as high as 6/10 about the neck, low back, elbow, wrist, and ankle were reported. In a RFA form dated April 1, 2015, drug testing to include confirmatory testing was sought, without much in the way of supporting rationale. Protonix, Flexeril, tramadol, and Naprosyn were likewise endorsed via a progress note of the same date, again without much supporting rationale. The applicant did allege multifocal neck, low back, foot, and wrist pain secondary to cumulative trauma at work. The applicant did have past medical history noted for epilepsy, hypertension, and diabetes, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Protonix 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg 122 3.

**Decision rationale:** Yes, the request for Protonix, a proton-pump inhibitor, was medically, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to enter proper usage and so as to manage expectation. Here, the attending provider documentation was thinly and sparsely developed and did not explicitly state for what issue, diagnosis, and/or purpose Protonix had been selected. It was suggested (but not clearly stated), however, that Protonix had been endorsed for cytoprotective effect. The Third Edition ACOEM Guidelines Cervical and Thoracic spine Disorders chapter notes on page 122 that cytoprotective medication such as Protonix can be employed at applicants who are at heightened risk for gastrointestinal bleeding. ACOEM notes that applicant's with diabetes are, in fact, at heightened risk for gastrointestinal bleeding. Here, the applicant was a 63-year-old diabetic who was seemingly at heightened risk for gastrointestinal bleeding. The applicant had been given a prescription for Naprosyn, an anti-inflammatory medication. Concomitant provision with the cytoprotective medication, Protonix was, thus, indicated. Therefore, the request was medically necessary. Since, this was not a chronic pain case as of the date in question, the MTUS Guideline in ACOEM Chapter 3, page 47 was preference invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

### **Cyclobenzaprine 4.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

**Decision rationale:** Conversely, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxant such as cyclobenzaprine are "not recommended" as part of initial approaches to treatment. ACOEM Chapter 3, page 47 also notes that the addition of muscle relaxant such as cyclobenzaprine to NSAIDs has "no demonstrated benefit." While ACOEM Chapter 3, page 47 does acknowledge that muscle relaxant may have some benefit when employed as antispasmodics, here, however, there was no mention of the applicant's having issues with muscle spasm on or around the date in question, April 1, 2015. Therefore, the request was not medically necessary.

**Tramadol ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that a short course of opioid is "optional" as part of the initial approach to treatment, here, however, the 90-tablet supply of extended release tramadol implies chronic, long term, scheduled, and/or daily usage of the same, i.e., usage incompatible with a short-term role for which opioids are espoused, per page 49 of the ACOEM Practice Guidelines. ACOEM Chapter 3, page 47 further stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, thus, the request for a 90-tablet supply of tramadol on the applicant's first office visit with the requesting provider, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary. As the preceding request (s), since this is not a chronic pain case as of the date of service (DOS), April 1, 2015, the ACOEM Practice Guidelines were preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine toxicology screen (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 397 does acknowledge that testing for the usage of illicit drug can be considered if an applicant's presentation is suggestive, here, however, there was no mention of the applicant's having a presentation suggestive of substance abuse or illicit drug usage. A clear rationale for pursuit of drug testing was not furnished by the attending provider. While this was not necessarily a chronic pain case as of the date in question, April 1, 2015, ODG's Chronic Pain Chapter urine drug testing topic notes, by analogy, that urine drug testing is "not recommended" in acute care situations, i.e., for treatment of nociceptive pain, as was seemingly present here, on or around the date of the request, April 1, 2015. The attending provider also went on to seek authorization for confirmatory and quantitative testing via an April 1, 2015 RFA form. ODG's Chronic Pain Chapter urine drug testing topic, however, notes that confirmatory and/or quantitative testing are not recommended outside of the emergency department drug overdose context without some clear or compelling rationale for the same. Such a rationale was not, however, furnished here. Therefore, the request was not medically necessary. Since, this was not a chronic pain case as of the date of service, April 1, 2015, the

MTUS Guideline in ACOEM Chapter 15, page 397 was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines as a primary reference. ODG's Chronic Pain Chapter was invoked, by analogy, as a secondary citation.