

Case Number:	CM15-0139046		
Date Assigned:	07/29/2015	Date of Injury:	07/13/2011
Decision Date:	09/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/17/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 is a 65 year old male, who sustained an industrial injury on 7/13/11. He reported a back injury after slipping and falling. The injured worker was diagnosed as having long-term use of medications, lumbosacral spondylosis and bursitis. Treatment to date has included oral medications including Mirtazapine 15mg, naproxen sodium 550mg, doxepin 3.3% cream, Capsaicin 0.075% cream, Orphenadrine-Norflex ER 100mg, Pantoprazole-Protonix 20mg, Tramadol 50mg and Acetadryl 500-mg, home exercise program, epidural steroid injection and activity restrictions. Currently on 6/3/15, the injured worker complains of chronic low back and hip pain rated 6/10 and it is worse with any kind of heavy lifting or repetitive activities. Work status is permanent and stationary. Physical exam performed on 6/3/15 revealed an antalgic gait, otherwise unremarkable exam. The treatment plan included prescriptions for Mirtazapine 15mg, naproxen sodium 550mg, Capsaicin 0.075% cream, Orphenadrine-Norflex ER 100mg, Pantoprazole-Protonix 20mg and Tramadol 50mg, surgical consultation and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Hydrochloride 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The medication requested for this patient is Tramadol. According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Work status is noted to be permanent and stationary. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

Mirtrazapine 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 14-16.

Decision rationale: Mirtazapine (Remeron) is FDA approved for the treatment of depression and mood disorders. It is a noradrenergic and specific serotonergic antidepressant. It is also used off label for the treatment of obsessive-compulsive disorder, social anxiety disorder, insomnia, post-traumatic stress disorder, low appetite and nausea. In this case, the documentation does not indicate the injured worker had any of these diagnoses; however, notation states he uses Mirtazapine for help with sleep. The injured worker did not state he had difficulty sleeping. Medical necessity for the requested item has not been established. The requested Mirtazapine is not medically necessary.

Naproxen Sodium-Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drug (NSAID) Page(s): 67-68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the injured worker had utilized Naproxen since at least 10/15/14 without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs, gastrointestinal symptoms and cardiovascular risk factors Page(s): 67-69.

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitor, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented gastrointestinal distress symptoms. There is no documentation indicating the patient has any gastrointestinal symptoms or gastrointestinal risk factors. Risk factors include, age >65, history of peptic ulcer disease, gastrointestinal bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported gastrointestinal complaints. In addition, it is unclear why this patient is being prescribed Protonix (Pantoprazole). Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.