

<b>Case Number:</b>	CM15-0141389		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on December 26, 2012. She reported that when cleaning a screen it fell and hit her injuring her back. The injured worker was diagnosed as having lumbar myospasm, lumbar radiculopathy, lumbar sprain-strain, and right ankle sprain-strain, rule out right ankle internal derangement, disruptions of 24 hour sleep-wake cycle, loss of sleep, and sleep disturbance. Treatments and evaluations to date have included massage, physical therapy, chiropractic treatments, acupuncture, MRI, and medication. Currently, the injured worker reports constant severe low back pain rated 8 out of 10, with tingling radiation to the right leg with numbness, constant moderate 7 out of 10 right ankle pain and stiffness radiating to the right leg with cramping and muscle spasms, and loss of sleep due to pain. The Secondary Treating Physician's report dated June 30, 2015, noted the injured worker reported relief from her pain with massage, medication, and physical therapy. Physical examination was noted to show the lumbar spine range of motion (ROM) decreased and painful with tenderness to palpation and spasms of the lumbar paravertebral muscles. The right ankle was noted to be positive for inversion with range of motion (ROM) decreased and painful and tenderness to palpation of the anterior and lateral ankle. The treatment plan was noted to include continued use of medications prescribed including Naproxen, Protonix, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20 mg Qty 60, 1 tab by mouth 2 times daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The patient was injured on 12/26/12 and presents with pain in her lumbar spine and right ankle. The request is for PROTONIX 20 MG QTY 60, 1 TAB BY MOUTH 2 TIMES DAILY to protect the stomach. The RFA is dated 06/30/15 and the patient is to remain off of work until 08/01/15. The patient has been taking this medication as early as 01/27/15. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient is diagnosed with lumbar myospasm, lumbar radiculopathy, lumbar sprain-strain, and right ankle sprain-strain, rule out right ankle internal derangement, disruptions of 24 hour sleep-wake cycle, loss of sleep, and sleep disturbance. As of 06/30/15, the patient is taking Naproxen and Tramadol. Given that the patient is taking NSAIDs and has stomach upset, the requested Prilosec appears reasonable. Use of PPIs is indicated for stomach issues, as this patient presents with. Therefore, the requested Protonix IS medically necessary.

**Tramadol 50 mg Qty 60, 1 tab by mouth 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 12/26/12 and presents with pain in her lumbar spine and right ankle. The request is for TRAMADOL 50 MG QTY 60, 1 TAB BY MOUTH 3 TIMES DAILY to decrease pain and relieve symptoms. The RFA is dated 06/30/15 and the patient is to remain off of work until 08/01/15. The patient has been taking this medication as early as 01/27/15. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: Appears to be

efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 02/12/15 and 03/12/15 reports indicate that she rates her pain as an 8/10. The 05/21/15 report states that the patient rates her pain as a 9/10. The 06/19/15 report indicates that the patient rates her pain as an 8/10. The patient had a urine drug screen on 04/28/15; however, the results of this UDS are not clear. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

**Naproxen 550 mg Qty 90, 1 tab by mouth 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

**Decision rationale:** The patient was injured on 12/26/12 and presents with pain in her lumbar spine and right ankle. The request is for NAPROXEN 550 MG QTY 90, 1 TAB BY MOUTH 3 TIMES DAILY for inflammation. The RFA is dated 06/30/15 and the patient is to remain off of work until 08/01/15. The patient has been taking this medication as early as 01/27/15. MTUS Guidelines, Anti-inflammatory, page 22 states, Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The patient has a decreased lumbar spine range of motion, tenderness to palpation, and spasms of the lumbar paravertebral muscles. The right ankle has a positive inversion, a decreased range of motion, and tenderness to palpation of the anterior and lateral ankle. She is diagnosed with lumbar myospasm, lumbar radiculopathy, lumbar sprain-strain, and right ankle sprain-strain, rule out right ankle internal derangement, disruptions of 24 hour sleep-wake cycle, loss of sleep, and sleep disturbance. The 02/12/15 and 03/12/15 reports indicate that she rates her pain as an 8/10. The 05/21/15 report states that the patient rates her pain as a 9/10. The 06/19/15 report indicates that the patient rates her pain as an 8/10. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen IS NOT medically necessary.