MAXIMUS Federal Services

Case Number:	CM15-0183842		
Date Assigned:	09/24/2015	Date of Injury:	12/30/2012
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old female, who sustained an industrial injury on December 30, 2012. The injured worker was diagnosed as having discogenic lumbar condition with facet inflammation, internal derangement of the right knee, status post right knee arthroscopy, internal derangement of the left knee, along with sleep disturbance, stress, anxiety, and depression secondary to chronic pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right knee, medication regimen, cortisone injection to the right knee, use of a cane, use of a hinged knee brace, magnetic resonance imaging of the lumbar spine, and x-rays to the bilateral knees. In a progress note dated July 24, 2015 the treating physician reports complaints of shooting pain down the leg along with numbness, tingling, and weakness, along with complaints of right knee pain. Examination performed on July 24, 2015 was revealing for tenderness to the lumbar paraspinal muscles, facet pain, pain with facet loading, inability to stand on toes, heels, or squat, and tenderness to the joint line bilaterally more on the medial than the lateral joint line. On July 24, 2015, the treating physician requested the medications of Protonix 20mg with a quantity of 60 and Tramadol ER 150mg with a quantity of 30 noting that the injured worker has been prescribed these medications since at least September 2014, but the progress note from July 24, 2015 did not indicate the injured worker's current medication regimen or the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. On August 27, 2015, the Utilization Review denied the requests for Protonix 20mg with a quantity of 60 and Tramadol ER 150mg with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long-term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Protonix 20mg, #60 is not medically necessary and appropriate.

Tramadol ER (extended release) 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities,

decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids prescribed since at least September 2014 in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Tramadol ER (extended release) 150mg, #30 is not medically necessary and appropriate.