

<b>Case Number:</b>	CM15-0186579		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/14/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 9-14-06. The injured worker is being treated for cervical disc disease and lumbar spine radiculopathy. Treatment to date has included oral medication including Tramadol 150mg (since at least 3-24-15), Norco 10-325mg and activity modifications. On 6-30-15 the injured worker complained of back pain rated 4-6 out of 10 and on 8-19-15, he complains of constant, worsening low back pain rated 7 out of 10 and increased with prolonged walking, standing, bending and sitting. Physical exam on 8-19-15 revealed soft abdomen with epigastric tenderness and restricted range of motion of lumbar spine. The treatment plan included refilling of Pantoprazole 20mg, Lisinopril 350mg, Neurontin 300mg and Tramadol 150mg. On 9-2-15 a request for Tramadol ER 150mg #60 with 1 refill and Protonix 20mg #120 with 1 refill was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #60 with 1 refill:** 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.

**Decision rationale:** The request for Tramadol is medical unnecessary. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. There is no objective documentation that the patient had functional improvement. There was no documentation the patient failed other oral analgesics. Because of these reasons, the request for Tramadol is not medically necessary.

**Protonix (Pantoprazole) 20mg #120 with 1 refill:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI.

**Decision rationale:** The request for Protonix is not medically necessary. The patient has a history of GERD, which would benefit from a PPI. However, according to ODG guidelines, Protonix is not first line therapy. There is no documentation the patient had failed omeprazole and lansoprazole. There was no rationale on why Protonix was prescribed. Therefore, this request is not medically necessary.