

<b>Case Number:</b>	CM15-0208852		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/22/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 39-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 22, 2013. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for tramadol, Protonix, and Flexeril. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a highly templated September 3, 2015 office visit, the applicant reported 9/10 shoulder pain complaints. The attending provider contended that the applicant's medications reportedly facilitated performance of activities of daily living to include grocery shopping, grooming, and cooking in unspecified amounts. The applicant's medication list included tramadol, Naprosyn, Protonix, and Flexeril, several of which were renewed and/or continued. The applicant was not working and had been off of work for several months, the treating provider reported. The applicant was placed off of work, on total temporary disability, the treating provider acknowledged. The applicant developed derivative complaints of depression, the treating provider stated through usage of preprinted checkboxes. The treating provider suggested that the applicant's pain scores were reduced as a result of ongoing medication consumption. It was not clearly stated whether the applicant was using Protonix for cytoprotective effect or for actual symptoms of reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol 150mg #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): Opioids, criteria for use.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on September 3, 2015 office visit at issue. While the treating provider did recount a reported reduction in pain scores effected as a result of ongoing tramadol usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The treating provider's commentary to the effect that the applicant's ability to perform cooking, grooming, and grocery shopping in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a substantive improvement in function achieved as a result of ongoing tramadol usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work here. Therefore, the request was not medically necessary.

**Retro Pantoprazole 20mg #90: 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:** Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of the NSAID, induced dyspepsia and while page 68 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that individuals at heightened risk for development of adverse gastrointestinal effects may qualify for usage of proton pump inhibitors such as Protonix for cytoprotective effect purposes, here, however, the attending provider's reporting on September 3, 2015 was internally inconsistent as to whether the applicant was using Protonix for cytoprotective effect purposes or for actual symptoms of reflux. The applicant did not, however, seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of proton pump inhibitors for cytoprotective effect purposes. Namely, the applicant was less than 65 years of age (age 39), is only using one NSAID, Naprosyn, was not using NSAIDs in conjunction with corticosteroids,

had no known history of GI bleeding or Pepcid ulcer disease. Therefore, the request was not medically necessary.

**Retro Cyclobenzaprine 7.5mg #90:** 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Naprosyn, etc. The addition of cyclobenzaprine or Flexeril to the mix was recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue, in and of itself, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.