

<b>Case Number:</b>	CM15-0027423		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/23/2009
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 patient, who sustained an industrial injury on 06/23/2009. A primary treating office visit dated 02/04/2015, reported present complaint of continues with lower back pain that radiates into the anterior thighs, bilaterally. The pain is rated a 9 out of 10 in intensity without the use of medication and is reduced to an 8 with the use of analgesia. Current prescribed medications are Naproxen Sodium, Omeprazole, Tramadol, Atenolol and Metformin. Of note, Norco 10/25mg was discontinued by another provider. The patient did undergo a discogram 10/28/2011, and magnetic resonance imaging 10/15/2012. The impression noted; mild annular bulges L4-5 and L5-S1 associated with sign of disc degeneration. At L5-S1, it causes slight effacement of the nerve roots S1 within the spinal canal without displacement. Mild to moderate facet degenerative hypertrophic changes L4-5 bilaterally. Positional abnormality of the lower thoracic spine and upper lumbar spine. Mild nucleus pulposus degeneration also seen at L1-2. The following diagnoses are applied: L4-5 lateral recess stenosis, depression, left hip greater trochanteric bursitis, L4-5 and L5-S1 disc degeneration confirmed on discogram, and left leg radiculopathy. Ultram, Anaprox and Protonix were refilled this visit. Follow up in four months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol(Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 49 year old female has complained of lower back pain since date of injury 6/23/09. She has been treated with physical therapy and medications to include opioids since at least 11/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

**Anaprox Ds 550 Mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 49 year old female has complained of lower back pain since date of injury 6/23/09. She has been treated with physical therapy and medications to include NSAIDS since at least 11/2014. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 2 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Anaprox is not indicated as medically necessary in this patient.

**Protonix Tab 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 49 year old female has complained of lower back pain since date of injury 6/23/09. She has been treated with physical therapy and medications. The current request

is for Protonix. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Protoix is not indicated as medically necessary in this patient.