

Case Number:	CM15-0220728		
Date Assigned:	11/13/2015	Date of Injury:	09/25/2014
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: Emergency 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:

This 44 year old male sustained an industrial injury on 9-25-14. Documentation indicated that the injured worker was receiving treatment for cervical spine and lumbar spine herniated nucleus pulposus. Previous treatment included physical therapy, chiropractic therapy, acupuncture, injections and medications. In a PR-2 dated 7-13-15, the injured worker complained of neck pain rated 5 out of 10 on the visual analog scale and back pain rated 9 out of 10 with no numbness or tingling. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and decreased range of motion. In a PR-2 dated 10-12-15, the injured worker complained of neck pain, rated 9 out of 10 on the visual analog scale and low back pain rated 6 out of 10 with slight numbness and tingling to bilateral lower extremities. The injured worker reported that injections "helped a little." Gastrointestinal issues were not mentioned within subjective complaints. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and "decreased" range of motion. The treatment plan included chiropractic therapy, urinalysis, topical compound cream, autonomic nervous study and medications (Voltaren, Protonix, Tramadol, Fexmid, Diclofenac, Pantoprazole, Tramadol and Cyclobenzaprine). On 10-21-15, Utilization Review noncertified a request for Pantoprazole 20mg #60, Tramadol 150mg #60 and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg, #60: Upheld

Claims Administrator 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 Chapter - Proton pump inhibitors (PPIs).

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

Decision rationale: The requested Pantoprazole 20mg, #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA), and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck pain rated 5 out of 10 on the visual analog scale and back pain rated 9 out of 10 with no numbness or tingling. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and decreased range of motion. In a PR-2 dated 10-12-15, the injured worker complained of neck pain, rated 9 out of 10 on the visual analog scale and low back pain rated 6 out of 10 with slight numbness and tingling to bilateral lower extremities. The injured worker reported that injections "helped a little." Gastrointestinal issues were not mentioned within subjective complaints. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and "decreased" range of motion. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole 20mg, #60 is not medically necessary.

Tramadol 150mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol 150mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain rated 5 out of 10 on the visual analog scale and back pain rated 9 out of 10 with no numbness or tingling. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and decreased range of motion. In a PR-2 dated 10-12-15, the injured worker complained of neck pain, rated 9 out of 10 on the visual analog scale and low back pain rated 6 out of 10 with slight numbness and tingling to bilateral lower extremities. The injured worker reported that injections "helped a little." Gastrointestinal issues were not mentioned

within subjective complaints. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and "decreased" range of motion. The treating physician has not documented: failed first-line opiate trials, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 150mg, #60 is not medically necessary.

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Cyclobenzaprine 7.5mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain rated 5 out of 10 on the visual analog scale and back pain rated 9 out of 10 with no numbness or tingling. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and decreased range of motion. In a PR-2 dated 10-12-15, the injured worker complained of neck pain, rated 9 out of 10 on the visual analog scale and low back pain rated 6 out of 10 with slight numbness and tingling to bilateral lower extremities. The injured worker reported that injections "helped a little." Gastrointestinal issues were not mentioned within subjective complaints. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine with spasm and "decreased" range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria not having been met the request for Cyclobenzaprine 7.5mg, #90 is not medically necessary.