

<b>Case Number:</b>	CM15-0032150		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Hawaii

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 52 year old male, who sustained an industrial injury on 4/14/2001. He has reported multiple falls and repetitive injuries involving the low back, knee, bilateral hips, bilateral ankles and bilateral upper extremities. He is status post total left hip replacement and right shoulder arthroscopy. The diagnoses have included pain in the joint involving shoulder and pelvis, degenerative disc disease lumbosacral spine, and chronic pain. Treatment to date has included medications, left shoe orthotic, physical therapy and home exercise with a gym membership. Currently, the IW complains of back pain, left greater than right hip pain. The physical examination from 10/13/14 documented muscle spasms and guarding to lumbar spine. On 2/19/2015 Utilization Review modified certification for Tramadol/APAP 37.5mg/325mg #45 and Topamax-Topiramate 25mg #60 with no refills, and non-certified synovacin-glucosamine sulfate 500mg #90 with three refills and pantoprazole 20mg #60 with three refills. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of pantoprazole 20mg #60 with three refills, synovacin-glucosamine sulfate 500mg #90 with three refills, Topamax - Topiramate 25mg #120 with three refills and Tramadol/APAP 37.5mg/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/APAP 37.5/325mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with pain affecting the low back, right shoulder, bilateral hip, bilateral knee, and bilateral elbow. The current request is for Tramadol/APAP 37.5/325mg #90. The treating physician report dated 1/6/15 (26C) states: His pain is made worse with bending, lifting, sitting longer than about 15 minutes exacerbates his pain in his back his pain is made better with rest applying heat and using medication. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The report dated 10/22/14 notes that the patient's pain has decreased from 10/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The treating physician documents that the patient's pain level is 10/10 without medication and 5/10 with medication. Medical reports provided show the patient has been taking this medication since at least 09/16/14. The report dated 09/16/14 states: He denies side effects from his medications. He states that with the use of his medication he is able to complete activities such as cooking, grocery shopping, and exercising. The patient admits to daily walks as well as going to the gym approximately 3 times a week. The continued use of Tramadol has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

**Topimax-Topiramate 25mg #120 x 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-21.

**Decision rationale:** The patient presents with pain affecting the low back, right shoulder, bilateral hip, bilateral knee, and bilateral elbow. The current request is for Topimax-Topiramate 25mg # 120 x 3 refills. The treating physician report dated 1/6/15 (26C) states: His pain is made worse with bending, lifting, sitting longer than about 15 minutes exacerbates his pain in his back his pain is made better with rest applying heat and using medication. A report dated 09/16/14 (34C) states: he continues to take Topamax at bedtime for neuropathic pain. MTUS guidelines

has the following regarding the use of anti-epileptic drugs for chronic pain: Recommended for neuropathic pain (pain due to nerve damage), but not for acute somatic pain. Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology." In this case, the patient presents with sharp hip pain that occurs when he is lying or sitting down. The report dated 9/16/14 states: He also states that he will randomly feel sharp pain in his right hip. The MTUS guidelines recommend Topamax as treatment for neuropathic pain. Furthermore, the patient has shown functional improvement from the use of this medication. The current request satisfies the MTUS guidelines as outlined on pages 19-21. Recommendation is for authorization.

**Synovacin-Glucosamine sulf 500mg #90 x 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The patient presents with pain affecting the low back, right shoulder, bilateral hip, bilateral knee, and bilateral elbow. The current request is for Synovacin-Glucosamine sulf 500mg #90 x 3 refills. The treating physician report dated 1/6/15 (26C) states: His pain is made worse with bending, lifting, sitting longer than about 15 minutes exacerbates his pain in his back his pain is made better with rest applying heat and using medication. The MTUS has the following regarding Glucosamine: Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient reports that he has arthritis and Glucosamine is recommended as an option to treat moderate arthritis pain. The current request satisfies the MTUS guidelines as outlined on page 50. Recommendation is for authorization.

**Pantoprazole 20mg #60 x 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** The patient presents with pain affecting the low back, right shoulder, bilateral hip, bilateral knee, and bilateral elbow. The current request is for Pantoprazole 20mg #60 x 3 refills. The treating physician report dated 2/6/15 (22C) states: for GI side effects with his non-steroidal anti-inflammatory these medications continue to be helpful to him. The MTUS guidelines state Omeprazole is recommended with precautions, (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). Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. Medical reports provided, show the patient has

gastroesophageal reflux. In this case, the patient is currently taking an NSAID and has documented G.I. upset. Furthermore, the patient has expressed that Protonix is effectively treating and/or preventing his G.I. symptoms. The current request satisfies the MTUS guidelines as outlined on pages 68-69. Recommendation is for authorization.