

Case Number:	CM15-0032659		
Date Assigned:	02/26/2015	Date of Injury:	12/14/2007
Decision Date:	04/07/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 31 year old male, who sustained an industrial injury on 12/14/2007. The diagnoses have included protrusion L4-5 and L5-S1 with L5 and S1 radiculopathy (electrodiagnostically positive) and annular tear L4-5. Treatment to date has included physical therapy and medication. According to the progress report dated 12/4/2014, the injured worker complained of low back pain rated 7/10 with left lower extremity symptoms. Current medications included hydrocodone, Tramadol, Naproxen and Pantoprazole. Objective findings revealed tenderness at the lumbar spine. Lumbar range of motion was limited with pain. There was positive straight leg raise on the left. The injured worker had difficulty arising from a seated position. It was noted that the most recent toxicology screen was consistent. Current medications were prescribed. Treatment plan was to continue with requests for lumbar decompression and chiropractic treatment to the lumbar spine. On 1/15/2015, Utilization Review (UR) non-certified requests for Hydrocodone 7.5mg twice a day, Pantoprazole 20mg twice a day and Tramadol 50mg tab. The Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone 7.5 mg b.i.d. is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are from intrusion L4 - L5 and L5 - S1 with L5 and S1 radiculopathy; and annular tear L4 - L5. The documentation shows hydrocodone was prescribed by the treating physician as far back as July 24, 2014. In a progress note dated December 4, 2014, the injured worker was taking hydrocodone and tramadol and still had complaints with pain 7/10. A urine drug screen was tested November 5, 2014. The injured worker declared Norco for the urine test. The UDS was negative for Norco but positive for Tramadol. Repeat urine drug screen was performed December 19, 2014. The injured worker declared both tramadol and Norco. The result was negative for both. These inconsistencies were not addressed by the treating physician in the medical record. There were no risk assessments in the medical record. There were no pain assessments in the medical record. There is no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with 2 inconsistent urine drug screens that were not addressed in the medical record by the treating physician, hydrocodone 7.5 mg bid is not medically necessary.

Pantoprazole 20 mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Pantoprazole 20 mg one b.i.d. #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are from intrusion L4 - L5 and L5 - S1 with L5 and S1 radiculopathy; and annular tear L4 - L5. There was no documentation with

comorbid conditions or a past medical history containing risk factors for gastrointestinal events. Specifically, there was no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use etc. Consequently, absent clinical documentation the clinical indication and rationale for pantoprazole in the absence of risk factors for gastrointestinal events, pantoprazole 20 mg one b.i.d. is not medically necessary.

Tramadol 50 mg tab: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74096. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are from intrusion L4 - L5 and L5 - S1 with L5 and S1 radiculopathy; and annular tear L4 - L5. The documentation shows hydrocodone was prescribed by the treating physician as far back as July 24, 2014. Tramadol was first noted in the medical record September 11, 2014. The exact start date is unclear from the documentation. In a progress note dated December 4, 2014, the injured worker was taking hydrocodone and tramadol and still had complaints with pain 7/10. A urine drug screen was tested November 5, 2014. The injured worker declared Norco for the test. The UDS was negative for Norco but positive for Tramadol. Repeat urine drug screen was performed December 19, 2014. The injured worker declared both Tramadol and Norco. The result was negative for both. These inconsistencies were not addressed by the treating physician in the medical record. There were no risk assessments in the medical record. There were no pain assessments in the medical record. There is no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with 2 inconsistent urine drug screens that were not addressed in the medical record by the treating physician, Tramadol 50 mg is not medically necessary.