

Case Number:	CM15-0034239		
Date Assigned:	03/02/2015	Date of Injury:	06/07/2012
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona
 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 38-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not specifically stated. The current diagnosis is 3 mm protrusion at L5-S1 with neural encroachment and radiculopathy. The injured worker presented on 12/24/2014 for a follow-up evaluation with complaints of 7/10 low back pain and right lower extremity symptoms. The injured worker reported greater than 1 week of pain relief following an epidural injection. The current medication regimen includes tramadol ER 150 mg, Protonix 20 mg, and cyclobenzaprine 7.5 mg. Upon examination, there was tenderness of the lumbar spine, flexion to 40 degrees, extension to 30 degrees, lateral tilting to 30 degrees, rotation to 30 degrees, positive straight leg raise for pain in the foot, diminished sensation in the right L5 and S1 distributions, and 4+/5 weakness in the right lower extremity. There was also evidence of spasm in the lumbar paraspinal musculature. The injured worker was instructed to continue with the TENS unit and the current medication regimen. A trial of active physical therapy was recommended as well as an LSO brace. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker had continuously utilized the above medication for an unknown duration. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There was no documentation of objective functional improvement despite the ongoing use of this medication. The request as submitted failed to indicate a frequency. Therefore, the request is not medically appropriate at this time.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker had continuously utilized the above medication for an unknown duration. There was no documentation of objective functional improvement. Guidelines would not support long-term use of NSAIDs. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested

medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.