

<b>Case Number:</b>	CM15-0040290		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Family Practice

### 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 33-year-old male, who sustained an industrial injury on 07/14/25014. He reported a specific injury involving the low back, lower extremities, cervical spine, and upper extremities. The injured worker is now diagnosed as having rule out lumbar intradiscal component, rule out lumbar radiculopathy, and rule out cervical radiculopathy. Treatment to date has included MRI lumbar spine, physical therapy, chiropractic treatment, and medications. In a progress note dated 01/13/2015, the injured worker presented with complaints of low back pain and cervical pain. The treating physician reported that the injured worker's current medication does result in greater adherence to activity and exercise and improved range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol ER (extended release) 150 mg Qty 50 (01/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain dating back to 7/14/2014. The patient was driving a truck and was rear-ended. The patient receives treatment for chronic neck pain and low back pain. Tramadol ER is a long-acting preparation of tramadol, which is a centrally acting synthetic opioid analgesic. Tramadol, in any of its formulations, is not recommended as a first-line oral analgesic. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with tramadol ER is not medically indicated.

**Retrospective Pantoprazole 20 mg Qty 90 (01/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter; Proton Pump Inhibitors.

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

**Decision rationale:** This patient receives treatment for chronic pain dating back to 7/14/2014. The patient was driving a truck and was rear-ended. The patient receives treatment for chronic neck pain and low back pain. Pantoprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention any of these risk factors. Pantoprazole is not medically indicated.

**Retrospective Cyclobenzaprine 7.5 mg Qty 90 (01/13/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic pain dating back to 7/14/2014. The patient was driving a truck and was rear-ended. The patient receives treatment for chronic neck pain and low back pain. Cyclobenzaprine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using cyclobenzaprine over the long-term (more than 2-3 weeks) is not recommended.

Cyclobenzaprine has side effects. These side effects include sedation and medication dependence. In addition, the documentation does not state that using this drug has provided the patient with a return to function. Cyclobenzaprine is not medically indicated.