

<b>Case Number:</b>	CM14-0147572		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who reported an injury on 10/12/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia, cervical radiculopathy, lumbago, lumbar facet dysfunction, anxiety, shoulder impingement, medial/lateral epicondylitis, and carpal tunnel syndrome versus ulnar neuropathy, gastritis, and axillary pain. The previous treatments included medication, facet block injections, and physical therapy. The diagnostic testing included an MRI and EMG/NCV. Within the clinical note dated 07/30/2014, it was reported the injured worker complained of neck pain and lower back pain. He rated his pain 7/10 to 8/10 in severity. The injured worker reported the pain was constant in the right arm. He complained of spasms in the right thumb and cramps. He reported having numbness and tingling. The injured worker reported he is not currently attending physical therapy. Upon the physical examination, the provider noted the injured worker had a positive straight leg raise test, Patrick's test, and facet loading test. Sensation was intact to light touch. The injured worker had tenderness to palpation noted on the cervical paraspinal musculature, upper trapezius, scapular border, and lumbar paraspinals. There was tenderness to palpation noted in the right medial lateral epicondyle. The provider requested refill of tramadol, Protonix, and Zanaflex. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 07/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase of Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments; and Tramadol Page(s): 12, 13, 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Pharmacy Purchase of Tramadol is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide the dosage and the quantity of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Pharmacy Purchase of Protonix:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPI's)

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

**Decision rationale:** The request for Pharmacy Purchase of Protonix is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Protonix, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; use of corticosteroids and/or an anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency and quantity of the medication. The request as submitted failed to provide the dosage of the medication. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Pharmacy Purchase of Zanaflex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Pharmacy Purchase of Zanaflex is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment for acute exacerbation in patients with chronic low back pain. The guidelines do not recommend the medication to be used for longer than 2 to 3 weeks. The request as submitted failed to provide the frequency and quantity of the medication. The request as submitted failed to provide the dosage of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use. Therefore, the request is not medically necessary.