

Case Number:	CM14-0153133		
Date Assigned:	09/23/2014	Date of Injury:	09/03/2011
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 patient is 62 year old male who was injured on 09/03/2011 while he was lifting heavy materials. He strained his low back and right shoulder. Prior medication history included Naproxen Sodium 550 mg, Pantoprazole sodium Dr 20 mg, Naproxen Sodium, and Tramadol HCL ER 150 mg. Toxicology report dated 08/05/2014 detected positive results for cocaine, methamphetamine, and amphetamine; and negative for tramadol. Pain management note dated 08/04/2014 states the patient complained of low back pain, left lower extremity pain, right lower extremity pain and right shoulder pain. He rated his pain as 5/10 and characterized the pain as aching and shooting radiating to the bilateral thighs and bilateral legs. He reported his medications are helping but does have dizziness as a side effect. On exam, his lumbar spine range of motion is restricted with flexion limited to 40 degrees limited by pain and extension limited to 5 degrees limited by pain. There is tenderness noted over the right paravertebral muscle. Neurologically, he is intact. Straight leg raise is positive on the right side. The patient was diagnosed with lumbago, lumbar sprain, and thoracic or lumbosacral neuritis or radiculitis. He was prescribed refills for Naproxen sodium 550 mg tabs, Pantoprazole sodium Dr 20 mg and tramadol Hcl Er 150 mg. Prior utilization review dated 09/16/2014 states the request for 1 Prescription of tramadol 50mg, #90; and 1 Prescription of Protonix 20mg, #30 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of tramadol 50mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The MTUS Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the urine drug test was not consistent with prescribed Tramadol and showed poly substance abuse. Furthermore, there is no documentation any significant improvement in pain level (i.e. VAS) and function. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, Tramadol is not medically necessary.

1 Prescription of protonix 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the MTUS, Pantoprazole (Protonix) "PPI" is recommended for patients at intermediate risk for gastrointestinal events. The guidelines state PPI medications may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events nor has GI symptoms. In accordance with the MTUS guidelines, therefore Protonix is not medically necessary.