

<b>Case Number:</b>	CM14-0210586		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/23/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Physical Medicine & Rehabn

### 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 a 49 year old female with an injury date on 08/23/2001. Based on the 10/17/2014 progress report provided by the treating physician, the diagnoses are:1. Degeneration lumbar disc2. Sprain strain lumbar region3. Neuritis lumbosacral not otherwise specified According to this report, the patient complains of "low back pain with radiation into the left lower extremity." Physical exam indicates the patient had "normal muscle tone without atrophy" in bilateral upper/lower extremity. Treatment to date includes aqua therapy with benefit, shoulder surgery, hernia repair, and a hysterectomy. The treatment plan is no refills on medications and patient is to return in 8 weeks for a follow up. The patient's work status is "Permanent and. Stationary with permanent disability." The 09/10/2014 report indicates the patient "continues to utilize Norflex , Tramadol, Ketamine cream , Diclofenac cream with relief of her pain. She states that currently her pain is a 4/10 VAS scale, without the use of medications her pain to be a 9/10." There were no other significant findings noted on this report. The utilization review denied the request for (1) Protonix #60, (2) Diclofenac Na #3, (3) Ketamine 5% #3, (4) Tramadol APAP#180, (5) Norflex ER #20 on 11/18/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/02/2014 to 10/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole - Protonix 20mg #60 DOS: 09/10/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedures Summary last updated 10/02/14, Proton Pump Inhibitors (PPIs)

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

**Decision rationale:** According to the 10/17/2014 report, this patient presents with low back pain with radiation into the left lower extremity." Per this report, the current request is for Pantoprazole - Protonix 20mg #60 DOS: 09/10/14 and this medication was first noted in the 07/02/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)."MTUs further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is currently on Diclofenac (a NSAID) and has no gastrointestinal side effects with medication use." Per treating physician, "the patient does not report any GI disorders" and denies having heartburn." The patient is not over 65 years old; no other risk factors are present. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

**Diclofenac Na 1.5% 60gm #3 DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the 10/17/2014 report, this patient presents with low back pain with radiation into the left lower extremity." Per this report, the current request is for Diclofenac Na 1.5% 60gm #3 DOS: 09/10/14. The MTUS Guidelines regarding topical NSAIDS state that they are to be used for peripheral joint pain and tendinitis and not for axial spinal pain. In reviewing the provided reports, the treating physician documents that the patient "continues to utilize her medications with decreased pain and increase functional ability" and "Diclofenac cream with relief of her pain." This medication has been prescribed to the patient since 07/02/2014. In this case, the request Diclofenac Na is not supported for the treatment of this patient's lower back pain with radiculopathy. The current request is NOT medically necessary.

**Ketamine 5% Cream 60gm #3 DOS: 09/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the 10/17/2014 report, this patient presents with low back pain with radiation into the left lower extremity." Per this report, the current request is for Ketamine 5% Cream 60gm #3 DOS: 09/10/14. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of anti-depressants and anti-convulsion have failed; applied locally to painful areas. MTUS also states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Review of the provided records, the treating physician document that the patient has "low back pain with radiation into the left lower extremity." In this case, the patient has been described with lower extremity pain, with the diagnosis of Neuritis. However, there is no documentation of diagnostic testing showing that the patient has neuropathy. The treating physician does not state that primary and secondary treatments of neuropathic pain have been exhausted and there is lack of documentation to clearly indicate that the patient is suffering from neuropathic pain. Therefore, the current request is not medically necessary.

**Tramadol APAP 37.5/325mg #180 DOS: 09/10/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for Chronic Pain in General.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria For Use Of Opioids Page(s): 60,61;76-78;88-89.

**Decision rationale:** According to the 10/17/2014 report, this patient presents with low back pain with radiation into the left lower extremity." Per this report, the current request is for Tramadol APAP 37.5/325mg #180 DOS: 09/10/14. This medication was first mentioned in the 07/09/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the 09/10/2014 report, treating physician indicates that the patient "continues to utilize her medications with decreased pain and increase functional ability, she denies side effects at this time. With the use of tramadol she is able to walk and do light activity." With the use of medications, "pain is a 4/10 VAS scale, without the use of medications her pain to be a 9/10." In this case, the treating physician's report

shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

**Orphenadrine - Norflex ER 100mg #20 DOS: 09/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Non-Sedating Muscle Relaxants

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

**Decision rationale:** According to the 10/17/2014 report, this patient presents with low back pain with radiation into the left lower extremity." Per this report, the current request is for Orphenadrine - Norflex ER 100mg #20 DOS: 09/10/14. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Norflex ER #20 and this medication was first noted in the 07/02/2014 report. Norflex ER is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.