

<b>Case Number:</b>	CM14-0214708		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	02/12/2005
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Arizona, 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:

52 yr. old male claimant sustained a work injury on 2/12/05 involving the low back. An MRI of the lumbar spine in 2008 indicated L5-S1 foraminal stenosis. He was additionally diagnosed with herniated nucleus pulposus of L5-S1 and radiculopathy. He had been using Tramadol since 2008 for pain. He had been on Norco since at least October 2013 for pain. Protonix was used as well for GI protection while on medication. A progress note on 1/5/15 indicated the claimant had been unable to undergo back surgery for financial reasons. Pain increased with a change in temperature. He remained on Pantoprazole and Tramadol for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tramadol 50mg BID #60 refills: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted while on the medication. He had been on Tramadol for nearly 5 years most of which was in combination with other opioids. There is no indication of Tylenol or NSAID failure. Long-term use leads to tolerance and addiction. The continued use of Tramadol as above is not medically necessary.

**Retrospective: Protonix 20mg BID #60 refills: 2:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on the medication for several months. The continued use of Protonix is not medically necessary.