

<b>Case Number:</b>	CM14-0219029		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 & Rehabilitation

### 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 59 year old male, who sustained an industrial injury on 01/10/2012. He has reported low back pain radiating to the right leg and foot and was diagnosed with discogenic lumbar condition with disc disease at multiple levels and chronic pain syndrome. Treatment to date has included oral pain medication, application of heat and ice, back brace and a TENS unit. Currently the IW complains of continued severe low back pain. Objective findings showed tenderness across the thoracic and lumbar paraspinal muscles bilaterally. There were no subjective or objective findings related to the gastrointestinal system. Pain medication was noted to help the IW to be functional and to give him 50% reduction in pain as well as to assist him with sleeping. The physician put in a request for Norco for pain and Protonix to buffer the stomach and to help with gastritis. On 12/18/2014, Utilization Review non-certified a request for Protonix 20 mg #60 and modified a request for Norco 10/325 mg #120 to Norco 10/325 mg #24, noting that the IW had been prescribed Norco chronically without evidence of overall functional benefit and that there were no current documented complaints of gastrointestinal symptoms to support the need for Protonix. MTUS Chronic Pain Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 120:** 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): 76-78,88-89.

**Decision rationale:** Based on the 12/08/14 progress report provided by treating physician, the patient is a 59 year old male who presents with severe low back pain. The patient's date of injury is 01/10/12. The request is for NORCO 10/325MG #120. Patient's diagnosis on 12/08/14 included discogenic lumbar condition with disc disease at multiple levels and chronic pain syndrome. Patient's medications include Norco, Protonix, Tramadol, Gabapentin, Naproxen and Mirtazapine. The patient is not working. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Norco has been prescribed in progress reports dated 05/30/14, 10/27/14, and 12/08/14. Treater states in progress report dated 12/08/14 that medications help patient "to be functional, help with sleep secondary to pain, help with gastritis and help to reduce his pain level." Treater has quoted guidelines, however no discussions were provided. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Protonix 20 mg # 60:** Overturned

**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 and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Based on the 12/08/14 progress report provided by treating physician, the patient is a 59 year old male who presents with severe low back pain. The patient's date of injury is 01/10/12. The request is for PROTONIX 20MG #60. Patient's diagnosis on 12/08/14 included discogenic lumbar condition with disc disease at multiple levels and chronic pain syndrome. Patient's medications include Norco, Protonix, Tramadol, Gabapentin, Naproxen and Mirtazapine. The patient is not working. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when

appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. UR letter dated 12/18/14 states: the patient had a history of gastritis but there were no current complaints of gastrointestinal symptoms." Treater states in progress report dated 12/08/14 that medications help patient "to be functional, help with sleep secondary to pain, help with gastritis and help to reduce his pain level." Protonix has been prescribed in progress reports dated 05/30/14, 10/27/14, and 12/08/14. Protonix is prescribed to "buffer the stomach," per progress report dated 12/08/14, and "patient has mild gastritis," per progress report dated 10/27/14. Prophylactic use of PPI is indicated by MTUS, when appropriate risk is documented. Patient is prescribed Naproxen, is 60 years old and treater has discussed GI risk. Therefore, the request for Protonix IS medically necessary.