

Case Number:	CM14-0081305		
Date Assigned:	07/21/2014	Date of Injury:	12/05/2003
Decision Date:	07/30/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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, Pain Management

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 57 year old male, who sustained an industrial injury on December 5, 2003. Treatment to date has included medications, orthotics, ice/heat therapy, and TENS unit. An evaluation dated May 6, 2014 revealed the injured worker reported constant back pain which he rated a 4-6 on a 10-point scale. He reports using tramadol for pain which is helpful in decreasing his pain level and allows him to be functional during the day. His pain increases with activities such as sitting and he uses a back brace for support. He reports associated numbness and tingling in the left toes. He reports managing to do light cooking and cleaning and that his pain wakes him up at night. On physical examination the injured worker's range of motion was limited due to pain. The diagnosis associated with the request was low back pain with referred pain into the left leg due to muscle tightness. The treatment plan includes continued Tramadol for long-term pain relief, Protonix for upset stomach, use of back brace and heat/ice therapy. A progress note dated July 7, 2014 indicates the proton axes used for G.I. upset related to tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Tramadol ER 150mg #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be better documentation of functional improvement, as well as discussion regarding aberrant use and possibly consideration for an opiate agreement and urine drug testing. However, a one-month prescription of this medication should allow the requesting physician time to better document those things. As such, the currently requested Tramadol ER 150mg #60 is medically necessary.

Protonix 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). As such, the currently requested pantoprazole is not medically necessary.