

Case Number:	CM15-0013179		
Date Assigned:	01/30/2015	Date of Injury:	04/16/2013
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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 year old male injured worker suffered an industrial injury on 4/16/2013. The diagnoses were lumbar radiculitis, lumbar sprain/strain, cervical sprain/strain and major depressive disorder. The diagnostic studies were magnetic resonance imaging of the lumbar spine. The treatments were cognitive behavioral psychotherapy and medications. The treating provider reported back pain, neck both shoulders and right knee pain. Also noted was muscle spasms and stiffness with difficulty sleeping. There was tenderness of the lumbar spine pain along the facets along with depressed symptoms. The Utilization Review Determination on 1/14/2015 non-certified: 1. Tramadol 150mg #30 citing MTUS. 2. Nalfon 400mg #60 citing MTUS. 3. Protonix 20mg 360 citing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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. The patient has been utilizing Tramadol since 10/10/13. The treating physician's treatment report dated 11/20/14 states that pain medications provide relief. There are no further discussions regarding the efficacy of this medication. In this case, recommendation for further use of Tramadol cannot be supported as there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. There is no Urine Drug Screen reports are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tramadol IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Nalfon 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with neck, shoulder, and low back and right knee pain. The current request is for NALFON 400MG #60. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP. This patient has been utilizing Nalfon since 11/20/14, prior to that the patient has been prescribed Naproxen for inflammation since at least 8/19/14. The treating physician has stated that with anti-inflammatory medications the patient is getting "some relief" and is able to function. Given the patient's continued pain and the medications efficacy, the request IS medically necessary.

Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck, shoulder, and low back and right knee pain. The current request is for PROTONIX 20MG #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. 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. The treating physician prescribed Protonix on 1/2/15 for the patient's "upset stomach." In this case, the patient has been utilizing an NSAID on a long term basis and has positive GI factors. PPI for the treatment of dyspepsia secondary to NSAID therapy is in accordance with MTUS. This request IS medically necessary.