

Case Number:	CM15-0014137		
Date Assigned:	02/02/2015	Date of Injury:	05/16/2011
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas, 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:

This is a 60 year old male patient, who sustained an industrial injury on 5/16/2011. The current diagnoses include thoracic/lumbosacral sprain/strain, left lower extremity radiculitis, and severe degenerative disc disease of the lumbar spine. The recent note dated 1/23/2015 was not fully legible. Per the doctor's note dated 1/23/2015, he had low back pain with radicular symptoms. The physical examination of the lumbar spine revealed tenderness, decreased range of motion and positive straight leg raising test. Per the doctor's note dated 12/15/2014, he had improvement in low back and left leg pain since recent transforaminal epidural steroid injection on 11/14/2014. The physical examination of the lumbar spine revealed paraspinal tenderness, muscle guarding, decreased range of motion, positive straight leg raising on the left side and decreased sensation in left lower extremity. The medications list includes ultram, neurontin and zantac. He has had lumbar MRI on 6/28/2014 which revealed disc protrusion at L3-4 and L5-S1. He has had physical therapy and LSO brace for this injury. The treating physician is requesting Ultram 150mg #30, Zantac 150mg #60, and Neurontin 300mg #90, which is now under review. On 1/7/2015, Utilization Review had non-certified a request for Ultram 150mg #30, Zantac 150mg #60, and Neurontin 300mg #90. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines, web-based edition- http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Request: Ultram 150mg # 30 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided he had chronic low back pain with radiation to the left lower extremity. He is noted to have significant objective evidence of abnormalities on physical exam- lumbar spine- paraspinal tenderness, muscle guarding, decreased range of motion, positive straight leg raising on the left side and decreased sensation in left lower extremity. He has had lumbar MRI on 6/28/2014 which revealed disc protrusion at L3-4 and L5-S1. There is objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram 150mg # 30 is medically appropriate and necessary to use as prn during acute exacerbations.

Zantac 150mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines, web-based edition- http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms & cardiovascular risk Page(s). Decision based on Non-MTUS Citation Thomson Micromedex Ranitidine (zantac) Hydrochloride-FDA-Labeled Indications

Decision rationale: Request: Zantac 150mg # 60 Ranitidine is a H2 receptor antagonists. Per the CA MTUS NSAIDs guidelines cited below, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." According to the Thomson Micromedex, FDA labeled indications for zantac are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed

indications in this patient is not specified in the records provided. There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of Zantac 150mg # 60 is not established for this patient.

Neurontin 300mg # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines, web-based edition- http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

Decision rationale: Request: Neurontin 300mg # 90 Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. Per the records provided patient had low back pain with radiation to the lower extremities. He is noted to have a positive straight leg raising on the left side and decreased sensation in left lower extremity. He has had lumbar MRI on 6/28/2014 which revealed disc protrusion at L3-4 and L5-S1. This is evidence of nerve related pain.