

<b>Case Number:</b>	CM15-0015577		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 31 year old male sustained a work related injury on 02/10/2011. According to a progress report dated 11/05/2014, the injured worker was seen in follow up for neck pain. The injured worker reported better relief of pain from the Zorvolex prescribed by his orthopedic physician. The injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools or throwing up blood. Current medications included Mirtazapine, Protonix and Methadone. Diagnoses included syndrome cervicobrachial, neck pain, pain in joint shoulder and pain in thoracic spine. According to the provider, the injured worker could not tolerate the taste of buprenorphine and was changed to Butrans patch. The Butrans patch was not authorized. The provider wanted to trial him on Nucynta ER but this was not authorized. Methadone was trialed six weeks prior to this exam and the injured worker did not like the side effects and believed he could not function with the side effects. Zorvolex was very helpful to him and worked well to relieve his pain with no side effects. The injured worker was also utilizing medical marijuana for pain relief. On 12/30/2014, Utilization Review non-certified Protonix 20mg quantity 60 and Nucynta ER 50mg quantity 60. According to the Utilization Review physician in regard to Protonix, it was denied in a prior review dated 07/28/2014. The injured worker is not reported to be using nonsteroidal anti-inflammatory drugs and medical indications for this drug were not described. The injured worker reported gastrointestinal side effects from the use of Mirtazapine which is not a generally reported side effect. Guidelines cited for this request include CA MTUS Chronic Pain Medical Treatment Guidelines page 68. In regard to Nucynta ER, the injured worker participated in a Functional Restoration Program to provide alternative means of

controlling his symptoms and increasing his function. A review of the records indicated that he was only using one or two Ultracet per day prior to the program and when changed to sublingual buprenorphine he was using zero to one per day. Guidelines cited for this request included CA MTUS Chronic Pain Medical Treatment Guidelines pages 76-80. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Protonix 20mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. In addition, Protonix was denied in a prior review dated July 28, 2014. Therefore the prescription of Protonix 20mg # 60 is not medically necessary.

**Nucynta ER 50mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. In the current case, the patient was using opioids without documentation of significant pain or functional

improvement. There is no documentation of compliance with prescribed drugs. The medical records also do not include a pain contract for the use of opiates. Therefore the prescription of Nucynta ER 50mg #60 is not medically necessary.