

Case Number:	CM15-0112117		
Date Assigned:	06/18/2015	Date of Injury:	11/02/2014
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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:

The injured worker is a 64-year-old male with an industrial injury dated 11/02/2014. The injured worker's diagnoses include lumbar sprain/strain and right shoulder sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/15/2015, the injured worker reported low back pain radiating into bilateral legs with associated numbness and tingling rated a 6. 5/10 with medication. The injured worker also reported right shoulder pain rated an 8. 5/10 with medication. Objective findings revealed decreased lumbar range of motion with pain, tenderness to palpitation of the bilateral sacroiliac (SI) joints and lumbar paravertebral muscles, muscle spasm of the bilateral gluteus and lumbar paravertebral muscles, and positive straight leg raises. Right shoulder exam revealed tenderness to palpitation of the acromioclavicular joint (AC), shoulder and supraspinatus with muscle spasms and positive impingement. The treating physician prescribed retrospective Protonix 20mg #60 and retrospective Tramadol ER 15mg #120 now under review. The medication list includes Protonix, tramadol and Gabapentin. The patient has had X-ray of the lumbar spine on 11/26/14 that revealed degenerative changes and narrowing of the disc space. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Retrospective Protonix 20mg #60. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events, treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA). There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The medical necessity of the request for Retrospective Protonix 20mg #60 is not fully established in this patient. The request is not medically necessary.

Retrospective Tramadol ER 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, On-Going Management, Tramadol, Weaning of Medications Page(s): 76-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), page 75, Central acting analgesics, page 82, Opioids for neuropathic pain.

Decision rationale: 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The injured worker's diagnoses include lumbar sprain/strain and right shoulder sprain/strain. In a progress note dated 04/15/2015, the injured worker reported low back pain radiating into bilateral legs with associated numbness and tingling rated a 6. 5/10 with medication. The injured worker also reported right shoulder pain rated an 8. 5/10 with medication. Objective findings revealed decreased lumbar range of motion with pain, tenderness to palpitation of the bilateral sacroiliac (SI) joints and lumbar paravertebral muscles, muscle spasm of the bilateral gluteus and lumbar paravertebral muscles, and positive straight leg raises. Right shoulder exam revealed tenderness to palpitation of the acromioclavicular

joint (AC), shoulder and supraspinatus with muscle spasms and positive impingement. The patient has had X-ray of the lumbar spine on 11/26/14 that revealed degenerative changes and narrowing of the disc space. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective Tramadol ER 150mg #120 is medically necessary.