

<b>Case Number:</b>	CM15-0113108		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

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 56 year old male patient who sustained an industrial injury on 08/11/2011. A recent primary treating office visit dated 05/27/2015 reported the patient with subjective complaint of having neck, low back and left shoulder pain. The patient last worked on 10/22/2011. His first surgery on the left shoulder was done in July 2012, then in 11/2013 followed by post-operative therapy course. A computerized tomography scan done in February of 2014 showed quite a bit of foraminal narrowing at L5-S1 bilaterally as well as some facet changes. The magnetic resonance imaging study of the lumbar spine done in 2013 showed retrolisthesis at L4-5 and L5-S1 with some narrowing at both levels. The patient is wearing a back brace, utilizing hot/cold wrap, collar with gel and neck pillow; along with neck traction with airbladder. He was diagnosed with: discogenic lumbar condition; disc disease, degenerative changes and retrolisthesis. It also showed some wear along the thoracic spine at T11-12. Discogenic cervical condition; impingement of left shoulder status post- surgical repair in 10/2013 and chronic pain related weight gain. The plan of care noted the patient with referral for consultation, prescribed Naproxen, and undergo a discogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg #30:** Upheld

**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 Opioids pp.78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although repeated requests for continuation have been made by the provider, there is not sufficient evidence of the above review being completed in full, particularly the report of specific functional gains and pain level reduction directly related to the ongoing tramadol use. Without this confirmation of effectiveness and appropriateness, the request for tramadol ER will be considered medically unnecessary at this time.

**Ultracet 37.5/325mg #60:** Upheld

**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 Opioids pp.78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although repeated requests for continuation have been made by the provider, there is not sufficient evidence of the above review being completed in full, particularly the report of specific functional gains and pain level reduction directly related to the ongoing tramadol use. Without this confirmation of effectiveness and appropriateness, the request for Ultracet will be considered medically unnecessary at this time.

**Protonix 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was record of having been taking NSAIDs along with a PPI. Records are conflicting as to which PPI the worker is taking or is being prescribed currently, as there was mention of a request for Aciphex as well as one for Protonix. It is not clear if both are being prescribed to the worker as neither are listed on the medication lists (currently taken) provided. After reviewing all the notes provided there was not seen anywhere any history of a gastrointestinal bleed or any other reason to suggest this worker is at a higher risk of a gastrointestinal event to warrant ongoing PPI use beyond a few months as is being recommended. Also, if NSAIDs are being continued long-term, this is not recommended. Therefore, due to the above reasons, the request for Protonix will be considered medically unnecessary at this time.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although repeated requests for continuation have been made by the provider, there is not sufficient evidence of the above review being completed in full, particularly the report of specific functional gains and pain level reduction directly related to the ongoing Norco use. Without this confirmation of effectiveness and appropriateness, the request for Norco will be considered medically unnecessary at this time.