

Case Number:	CM15-0122569		
Date Assigned:	07/06/2015	Date of Injury:	12/22/2012
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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 York

Certification(s)/Specialty: Emergency 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 12/22/2012. He reported a stack of chairs hitting his head causing him to fall, and resulting in injury of the head, neck, upper back, and low back. The injured worker was diagnosed as having head injury loss of consciousness, cervical sprain, thoracic/dorsal sprain, lumbar sprain, cervical spine retrolisthesis, acquired thoracic spine scoliosis, and lumbar spine disc degeneration. Treatment to date has included medications, physical therapy, x-rays, CT scans, and QME (4/21/2015). The request is for Ultram, and Protonix. On 1/20/2015, his cervical range of motion/normal is: flexion 29/50, extension 32/60, lateral left 21/45, and lateral right 28/45. His lumbar range of motion/normal is: flexion 36/60, extension 9/25, lateral left 15/25, and lateral right 20/25. He is prescribed: Tylenol #3, Protonix, and Antivert. On 3/10/2015, he was prescribed Ultram. On 3/20/2015, he complained of continued neck pain with burning sensation down the left arm to the hand. He also complained of low back pain with radiation down both legs, and thoracic spine pain with stiffness between the shoulder blades. He is noted to experience frequent headaches, dizziness, and daily vomiting. He sees is private doctor for stomach issues. He has a positive Spurlings test, and negative straight leg raise testing bilaterally. His work status is noted to be temporarily totally disabled (TTD). On 4/7/2015, he continued to have pain in his head with daily vomiting, and occasional dizziness and blurred vision that comes and goes. He continued to have neck pain with radiation down the left arm to the hand, upper back pain with burning between the shoulder blades, and low back pain with radiation down both legs. His work status remains TTD. He is continued on Ultram, and Antivert. On 5/5/2015, he complained of continued upper back pain,

low back pain with radiation down both legs, head pain with headaches, blurred vision, vomiting and dizziness. He is reported to be using a cane for ambulation. He reported that Ultram 50mg three times per day is not helping relieve his pain. The provider noted an increase in Ultram to 100mg one pill three times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg tablet 1 twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Protonix (Pantoprazole) is a proton pump inhibitor. It is used to treat erosive esophagitis and other conditions involving excess stomach acid. The ODG recommends proton pump inhibitors for patients at risk for gastrointestinal events. The CA MTUS guidelines suggest proton pump inhibitors may be recommended and caution clinicians to weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. The records indicate he is being treated for stomach issues by his private physician. However, the records do not indicate what his stomach issues are, and what treatment is being provided by the private physician. His current medications are Ultram and Antivert. He is 46 years of age. The records do not indicate he is at risk of gastrointestinal events, or have a history of peptic ulcer, or gastrointestinal bleeding or perforation, or concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. There is no abdominal examination included in the records. Therefore, the request for Protonix 20mg tablet 1 twice a day #60 is not medically necessary.

Ultram 100mg tablet 1 every 8-12 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-95, 113.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The Chronic Pain Medical Treatment Guidelines state that tramadol (Ultram) is not recommended as a first-line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors.

The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The documentation does indicate urine drug testing to have been performed, however the most current testing results have not been made available for this review. On 5/5/2015, the records indicate the injured worker stated that Ultram 50mg was not providing pain relief. He had been utilizing Ultram 50mg since at least March 2015, possibly longer. The provider increased the dosage of Ultram to 100mg, one pill three times per day. The records do not indicate his current pain with the use of Ultram; his least reported pain level over the period since the last assessment with the use of Ultram; his average pain; the intensity of pain after taking Ultram; how long it takes for pain relief with the use of Ultram; and how long pain relief lasts with the use of Ultram. The records also do not indicate any aberrant behaviors with the use of Ultram, or any side effects to the medication. In addition, the records do not indicate a level of function, his ability to perform activities of daily living. The records do indicate his wife doing the chores and him helping with laundry. The records do not indicate the effect on his quality of life with the use of Ultram. Therefore, the request for Ultram 100mg tablet 1 every 8-12 hours #90 is not medically necessary.