

<b>Case Number:</b>	CM15-0027339		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, Tennessee  
 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 47 year old female, who sustained an industrial injury on 9/9/12. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar spondylosis without myelopathy; lumbar herniated nucleus pulposus and lumbago. Treatment to date has included physical therapy; lumbar Spine MRI (3/18/14); X-ray Lumbar Spine 4/25/14); status post Left L5-S1 discectomy/ laminectomy (8/19/13); aquatic therapy; left sacroiliac joint injection (11/21/14) and medications. Currently, the PR-2 notes dated 1/13/15 used in the Utilization Review were not submitted for this review, only the "In-Office Dispensing Script Form" for this date. However, the provider submitted the Qualified Medical Re-evaluation dated 11/25/14. This 10-page report indicated the injured worker has complaints of low back pain and left hip pain. The treatment over the past two months included aquatic therapy 2 times a week for two months with mild benefit. Due to persistent low back pain, she underwent a lumbar spine injection, which is documented as a Left Sacroiliac joint injection (11/21/14). There was no long-term benefit as this note documents complaints of constant 6-7/10 low back pain denying any radiating symptoms to her lower extremities. She reports to the examiner intermittent rare left thigh discomfort with prolonged walking. On this date, she reports she has returned to work taking Tylenol once daily, Diclofenac one daily and Pantoprazole once daily. She has slight difficulty with standing for more than 30-40 minutes or walking even ground 40-45 minutes. Pain levels on this date are noted to be 7/10. She is a status post Left L5-S1 discectomy/ laminectomy (8/19/13). The treatment plan included home exercise and start water aerobics and

medications Voltaren 100mg and Protonix 20mg both once daily. The medications denied by Utilization Review are Protonix 20mg, Qty: 60.00 and Tramadol 150mg, Qty: 30.00.

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

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

**Protonix 20mg, Qty: 60.00 (per 01/13/15 exam note): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Protonix is Pantoprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized. Therefore, the request is not medically necessary.

**Tramadol 150mg, Qty: 30.00 (per 01/13/15 exam note): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, therapy with Tramadol was being initiated. Initial therapy with extender release preparation should be dosed at 100 mg daily. The requested daily dose of 150 mg surpasses the recommended initial daily dose. The request should not be authorized. Therefore, the request is not medically necessary.

