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| Case Number: | CM15-0075632 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 12/04/2013 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 12/4/13. He reported pain in the neck, shoulders, hands, feet and low back. The injured worker was diagnosed as having lumbar disc protrusion, lumbar facet hypertrophy, lumbar sprain/strain, lumbar stenosis, bilateral shoulder bursitis, bilateral shoulder impingement syndrome, and bilateral hand joint pain. Treatment to date has included medications. Currently, the injured worker complains of pain in the lumbar spine, bilateral shoulders, and bilateral hands. The treating physician requested authorization for Tramadol ER 100mg #45, Naproxen 550mg #90, Pantoprazole 20mg #60, and Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% 180g #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg 1 tab orally daily #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient was previously taking Norco with symptomatic relief, it is unclear why a different short acting opioid medication is needed at this time. Furthermore, there is no discussion regarding side effects and regarding aberrant use despite the patient being on long term opioid regimen. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.

Naproxen 550mg 1 tab orally 3x/day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 71 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing some pain relief and the patient has diagnosis of foot osteoarthritis for which NSAIDs are indicated. Therefore, the currently requested Naproxen is medically necessary.

Pantoprazole 20mg 1 tab orally daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69, 71 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, the patient is taking Naproxen. However, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents

prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Gaba 10% Amit 10% Burpi 5% Flurbi 20% Baclo 10% Dexa 2% 180gms #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary. Therefore, this topical formulation consisting of gabapentin is recommended as not medically necessary.