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| Case Number: | CM15-0088917 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 05/03/2013 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male with a date of injury on 5-3-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back, neck and left elbow pain. Progress report dated 4-14-15 reports complaints of low back pain with lower extremity symptoms right greater than the left, rated 10 out of 10. Complaints of neck pain with upper symptoms right greater than the left rated 6 out of 10. Left elbow pain is rated 5 out of 10. Medication includes: Tramadol ER 100 mg, Naproxen 550 mg, and Pantoprazole 20 mg. Objective findings: tenderness to the cervical and lumbar spine, spasm to the lumboparaspinal musculature decrease. Request for authorization was made for Tramadol 100 mg quantity 60, Naproxen 550 mg quantity 60 and Pantoprazole 20 mg quantity 60. Utilization review dated 4-29-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 04/14/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms rated 10/10, cervical pain with upper extremity symptoms rated 6/10, right elbow pain rated 7/10 and left elbow pain rated 5/10. The request is for Tramadol ER 100 mg #60. RFA with the request not provided. Patient's diagnosis on 04/14/15 includes right lumbar radiculopathy, rule out disc extrusion/mass effect; cervical pain with upper extremity symptoms, rule out cervical disc injury; right elbow internal derangement, rule out traumatic lateral epicondylitis; and left elbow pain. Physical examination on 04/14/15 revealed tenderness and spasm to the cervical and lumbar spines. Treatment to date has included imaging and electrodiagnostic studies, LSO, TENS, and medications. Patient's medications include Tramadol, Naproxen and Pantoprazole. The patient is temporarily partially disabled, per 04/14/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications per progress reports dated 11/07/14, 01/21/15, and 04/14/15. It is not known when this medication was initiated. Per 12/05/15 report, treater states "ADL's maintained with medication on board, current dosing regimen, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and cooking, lethargy and adverse effects with Schedule 2 drug, not present with Tramadol ER Schedule 4 drug. Diminution in pain up to 7 points on scale of 10." UDS's dated 12/16/14 and 02/02/15 provided. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Naproxen 550 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 04/14/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms rated 10/10, cervical pain with upper extremity symptoms rated 6/10, right elbow pain rated 7/10 and left elbow pain rated 5/10. The request is for Naproxen 550 mg #60. RFA with the request not provided. Patient's diagnosis on 04/14/15 includes right lumbar radiculopathy, rule out disc extrusion/mass effect; cervical pain with upper extremity symptoms, rule out cervical disc injury; right elbow internal derangement, rule out traumatic lateral epicondylitis; and left elbow pain. Physical examination on 04/14/15 revealed tenderness and spasm to the cervical and lumbar spines. Treatment to date has included imaging and electrodiagnostic studies, LSO, TENS, and medications. Patient's

medications include Tramadol, Naproxen and Pantoprazole. The patient is temporarily partially disabled, per 04/14/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications per progress reports dated 11/07/14, 01/21/15, and 04/14/15. It is not known when this medication was initiated. Per 12/05/15 report, treater states "ADL's maintained with medication on board, current dosing regimen, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and cooking. NSAID facilitates 2-3 point diminution in pain component, greater range of motion with NSAID, first line drug." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Pantoprazole 20 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 04/14/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms rated 10/10, cervical pain with upper extremity symptoms rated 6/10, right elbow pain rated 7/10 and left elbow pain rated 5/10. The request is for Pantoprazole 20 mg #60. RFA with the request not provided. Patient's diagnosis on 04/14/15 includes right lumbar radiculopathy, rule out disc extrusion/mass effect; cervical pain with upper extremity symptoms, rule out cervical disc injury; right elbow internal derangement, rule out traumatic lateral epicondylitis; and left elbow pain. Physical examination on 04/14/15 revealed tenderness and spasm to the cervical and lumbar spines. Treatment to date has included imaging and electrodiagnostic studies, LSO, TENS, and medications. Patient's medications include Tramadol, Naproxen and Pantoprazole. The patient is temporarily partially disabled, per 04/14/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole has been included in patient's medications per progress reports dated 11/07/14, 01/21/15, and 04/14/15. It is not known when this medication was initiated. Per 12/05/15 report, treater states "ADL's maintained with medication on board, current dosing regimen, including but not limited to grocery shopping, necessary household duties, bathing, grooming, preparing of food and cooking. NSAID facilitates 2-3 point diminution in pain component. Greater range of motion with NSAID, first line drug. Recalls GI upset with NSAID without PPI, with PPI at qd dosing, and with PPI at bid dosing however denies GI upset with PPI at tid dosing has failed first line PPI omeprazole as was none efficacious." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Treater has documented gastric problems for which

prophylactic use of PPI is indicated and benefit from this medication. This request appears reasonable and in accordance with guideline indications. Therefore, the request is medically necessary.