

<b>Case Number:</b>	CM15-0095070		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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 39-year-old male, who sustained an industrial injury on [REDACTED]. He reported a crash while in a quad vehicle resulting in injury to the low back and left hand. Diagnoses include lumbar strain, radiculopathy, left hand contusion and an abdominal hernia in the umbilical region. Treatments to date include activity modification, low back brace, physical therapy, home exercise, and a TENS unit. Currently, he complained of low back pain with radiation into the right lower extremity. Pain was rated 5/10 VAS. Eleven (11) physical therapy sessions had been completed with good results in decreasing pain. Medication were reviewed individually with two to five point reduction in pain noted and improved function and ability to complete activities of daily life. On 3/10/15, the physical examination documented tenderness, decreased range of lumbar motion with muscle spasm, and decreased sensation. The straight leg raise was positive on the right side. The treating diagnoses included facet osteoarthopathy, lumbar disc protrusion and annular tear, and a TFCC tear, left wrist. The plan of care included Tramadol ER 150mg tablets, two tablets a day #60; Naproxen Sodium 550mg #90; and Pantoprazole 20mg, one tablet three times a day #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol ER 150 mg #60 (3/10/15) dispensed in office: Overturned**

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

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

**Decision rationale:** According to the MTUS guidelines, Tramadol is a synthetic opioid and is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MTUS guidelines state that small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. The maximum dosing of Tramadol is 400 mg/day. The medical records note that the injured worker has not responded to first line analgesic adjuvants. The medical records also note that the injured worker was previously prescribed schedule 2 opioids, and is now being prescribed Tramadol, which is schedule 4 synthetic opioid. Subjective and objective functional benefits have been noted with this medication and there is no evidence of abuse or diversion. Urine drug screen has been appropriate. The request for Retrospective Tramadol ER 150 mg #60 (3/10/15) dispensed in office is medically necessary and appropriate.

**Retrospective Naproxen Sodium 550 mg #90 (3/10/15) dispensed in office:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

**Decision rationale:** According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and the long term use of non-steroidal anti-inflammatory medications is associated with increased risk for gastrointestinal and cardiovascular events. While a short-term use of anti-inflammatory first line medication such as naproxen may be supported for an acute exacerbation, chronic use is not supported. The request for Retrospective Naproxen Sodium 550 mg #90 (3/10/15) dispensed in office is not medically necessary and appropriate.

**Retrospective Pantoprazole 20 mg #90 (3/10/15) dispensed in office:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the medical records note that pantoprazole is being prescribed due to gastric complaints with the use of NSAIDs. However, the injured worker has not been deemed an appropriate candidate for the ongoing use of non-steroidal anti-inflammatory medication. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Moreover, per recent research as noted in ODG, The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) The request for Retrospective Pantoprazole 20 mg #90 (3/10/15) dispensed in office is not medically necessary and appropriate.