

Case Number:	CM13-0001707		
Date Assigned:	11/01/2013	Date of Injury:	08/10/2004
Decision Date:	08/22/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/16/2013

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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old male with a 8/10/04 date of injury. The mechanism of injury occurred while he was pulling a pallet with a pallet jack and tripped and fell. He felt that he impacted the ground with force, resulting in an immediate onset of lower back pain, as well as radicular type involvement to the lower extremities. According to a 9/19/13 progress note, the patient reported continued unchanged low back pain, stiffness and weakness with associated left-sided sharp and poking pain down to the left toes that affects gain. Overall, the pain level was moderate to severe, radiating down to the left toes. Objective findings: tenderness to palpation with myospasms over the paraspinal musculature with pain +1 and sacroiliac joints, bilaterally with pain +1; unable to heel walk and toe walk. Diagnostic impression: failed back surgery syndrome, lumbar musculoligamentous sprain/strain, bilateral lower extremity radiculitis. Treatment to date: medication management, activity modification, surgery, aquatic therapy, physical therapy. A UR decision dated 7/2/13 certified the request for urine drug test and denied the requests for Ultram ER and Prilosec. Regarding urine drug test, the patient has been prescribed Ultram, and there is no indication the patient has had a urine drug screen this year. Regarding Ultram ER, there have been multiple requests to the physician to provide documentation of pain level improvement and function. However, this information has not been received. Regarding Prilosec, there has been no documentation that the patient is on an NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultram ER (Tramadol) 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, according to a 7/3/13 progress note, the physician stated that the patient was experiencing dizziness from taking tramadol and discontinued its use. It is unclear why the physician is requesting tramadol at this time when the patient is no longer taking it. Therefore, the request for 1 Prescription of Ultram ER (Tramadol) 150MG, #60 is not medically necessary.

1 prescription of Prilosec (Omeprazole) 20mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. According to progress notes dated 7/3/13 and 9/19/13, the patient is taking Ibuprofen for his pain. Guidelines support the use of Prilosec in patients utilizing NSAID therapy. Therefore, the request for 1 Prescription of Prilosec (Omeprazole) 20MG, #30 is medically necessary.