

Case Number:	CM13-0004610		
Date Assigned:	12/27/2013	Date of Injury:	05/13/1984
Decision Date:	03/31/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

According to the records made available for review, this is a 59-year-old male with a 5/13/84 date of injury. At the time of request for authorization for 30 Omeprazole 20mg between 6/10/2013 and 6/10/2013, 120 Tramadol hcl 50mg between 6/10/2013 and 6/10/2013, and 30 Lorazepam 2mg between 6/10/2013 and 6/10/2013, there is documentation of subjective (chronic low back pain and knee pain, and difficulty performing activities of daily living) and objective (decreased knee range of motion, tenderness to platopn of the medial joint line, and pain with extension of the lumbar spine) findings, current diagnoses (esophageal reflux, lumbar spine degenerative disc disease, and bilateral knee internal derangement), and treatment to date (Prilosec since at least March 2010, and Tramadol and Lorazepam since at least 3/26/13). In addition, 12/3/13 medical report indicates functional improvement with Tramadol, improvement in sleep and anxiety with Lorazepam, and improvement in gastrointestinal symptoms with Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 OMEPRAZOLE 20MG: 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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of esophageal reflux. In addition, there is documentation of ongoing treatment with Omeprazole since at least March 2010 with improvement in gastrointestinal symptoms. However, there is no documentation of risk for gastrointestinal events (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, an anticoagulant; and/or high dose/multiple NSAID; and preventing gastric ulcers induced by NSAIDs). Therefore, based on guidelines and a review of the evidence, the request for 30 Omeprazole 20mg between 6/10/2013 and 6/10/2013 is not medically necessary.

120 TRAMADOL HCL 50MG: 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 Opioids Page(s): 74-96.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disease, and bilateral knee internal derangement. In addition, there is documentation of ongoing treatment with Tramadol since at least 3/26/13 with functional improvement. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 120 Tramadol hcl 50mg between 6/10/2013 and 6/10/2013 is not medically necessary.

30 LORAZEPAN 2MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. Within the medical information available for review, there is documentation of diagnoses of lumbar spine degenerative disc disease, and bilateral knee internal derangement. In addition, there is documentation of functional improvement with the use of Lorazepam. However, given documentation of ongoing treatment with Lorazepam since at least 3/26/13, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for 30 Lorazepam 2mg between 6/10/2013 and 6/10/2013 is/is not medically necessary.