

Case Number:	CM13-0020144		
Date Assigned:	06/23/2014	Date of Injury:	04/04/2009
Decision Date:	07/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 33-year-old male who reported an injury on 04/04/2009. The injury is caused by the injured worker falling off a ladder and fell on his back while at work. On 01/029/2014, the injured worker complained of neck, back and T-back achier pain. It was noted that the injured worker's shoes wore out differently and had received a new pair of shoes, which made his back feel better. On physical examination, the injured worker ambulates to the exam room without assistance and does not appear to be in any pain. On examination of the spine revealed no midline shift on the thoracic spine or spinous process tenderness of the thoracic spine. There was paraspinal muscle tenderness without tight muscle band palpated in the thoracic paraspinal musculature. It was noted there was no rib tenderness on palpation. The examination of the lumbar spine revealed there was no spinous process tenderness of the lumbar spine and no paraspinal muscle tenderness reported in the lumbar spine musculature. There was decreased flexion 70 degrees of the lumbar spine, decreased extension was 20 degrees, and positive slump test with reproduction of radicular complaints. The diagnoses included thoracic sprain, lumbar sprain, and displacement of the lumbar and intervertebral disc without myelopathy lumbago. The medications included Omeprazole 20mg, Tizanidine 4mg, and Tramadol 50mg. On 02/05/2014, it was noted that the injured worker had modified work duty to include not to lift greater than 20 pounds, not to push or pull greater than 40, and bend greater than four times per hour. The treatment plan included for decision for retrospective review of 60 tablets of Vicodin 5/500, 60 tablets of Tramadol (Ultram) 50mg and Omeprazole (Prilosec) 20mg for a date of service on 08/14/2013. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) tablets of Vicodin 5-500mg between 8/14/2013 and 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines (MTUS) recommends that continued use of an opiate for the treatment of moderate to severe pain, with documented objective evidence of functional benefit. The MTUS guidelines states that the criteria for use for ongoing management of opiates including ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines also states that the pain assessment should include: current pain level; the last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The MTUS guidelines also states that the four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. In this case, there was a lack of documentation using the visual analog scale (VAS) to measure the injured worker's pain level and duration of pain while taking the opiate, there was no documented longevity reported for how long the injured worker has been on the medication, and lack of conservative care such as, physical therapy and pain medication management. In addition, the request did not include frequency or duration of the medication. Given the above, the request for sixty (60) tablets of Vicodin 5-500mg between 8/14/2013 and 8/14/2013 is non-certified.

Sixty (60) tablets of Tramadol (Ultram) 50mg between 8/14/2013 and 8/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), On-Going Management Page(s): 94-95, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for Neuropathic Pain Page(s): 113, 82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend Tramadol as a first line of oral analgesic. The MTUS guidelines also states that for analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with a first- line of drugs). A recent consensus guideline stated that opiates could be considered first-line therapy for the following circumstances: prompt pain relief while titrating a first- line drug; treatment of episodic exacerbations of severe pain; and treatment of neuropathic cancer pain. The injured worker's diagnoses included thoracic sprain, lumbar sprain, and displacement of lumbar intervertebral disc without myelopathy lumbago. On 01/29/2014, there was lack of evidence of the injured worker's pain level using the visual analog scale (VAS) measurements and conservative care to include physical therapy and pain medication management. In addition,

the request did not include the frequency of 60 tablets of Tramadol 50mg. Given the above, the request for sixty (60) tablets of Tramadol (Ultram) 50mg between 8/14/2013 and 8/14/2013 is non-certified.

Sixty (60) capsules of Omeprazole (Prilosec) 20mg between 8/14/2013 and 8/14/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole 20mg is recommended for patients at risk of gastrointestinal events. The documentation provided had lack of evidence of the injured worker having gastrointestinal events or being diagnosed with having gastrointestinal events. In addition, the request did not include frequency for the injured worker. Given the above, the request for sixty (60) capsules of Omeprazole (Prilosec) 20mg between 8/14/2013 and 8/14/2013 is non-certified.