

Case Number:	CM13-0022066		
Date Assigned:	12/18/2013	Date of Injury:	06/06/2012
Decision Date:	04/18/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 65-year-old male who reported an injury on 06/06/2012 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his neck, bilateral shoulders, low back, and bilateral knees. The patient's treatment has included physical therapy, medications, and a TENS unit. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation noted that the patient had 6/10 back pain without evidence of radiating pain. Physical evaluation of the neck noted tenderness to palpation along the C5-6 paravertebral musculature bilaterally with mild pain with range of motion. Physical findings of the lumbar spine documented tenderness to palpation at the L4, L5, and S1 paravertebral musculature bilaterally with a positive straight leg raising test. The patient's diagnoses included neck strain and low back pain. The patient's treatment plan included discontinuation of Prilosec; and the use of Flexeril, Tramadol, and Norco for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tramadol 150 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends continued use of Opioids is based on documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored with urine drug screens. The clinical documentation also indicates that the patient has been on this medication since at least 06/2013. The clinical documentation fails to provide any evidence of a quantitative assessment of pain relief or increased functional capabilities to support the efficacy of this medication. Therefore, continued use would not be supported. As such, the requested Tramadol 150 mg #60 is not medically necessary or appropriate.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for gastrointestinal events related to medication usage. Additionally, the patient's most recent clinical documentation indicated that the patient is not on a nonsteroidal anti-inflammatory drug and would not benefit from further use of a gastrointestinal protectant. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.