MAXIMUS Federal Services

Case Number:	CM13-0044764		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2003
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in New York, and Texas. 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:

The patient is a 62 year old female who reported an injury on 07/25/2003. The patient is currently diagnosed with cervical spine discopathy with resulting cephalgia, bilateral shoulder impingement syndrome with acromioclavicular arthrosis, status post bilateral carpal tunnel release, status post lumbar spine surgery at L4-5, bilateral knee patellofemoral syndrome with possible right meniscal injury, bilateral foot and ankle sprain with arthrosis, and psychiatric complaints. The patient was recently evaluated on 09/25/2013. The patient reported 50% improvement following a lumbar spine surgery with revision. The patient also reported 80% improvement following bilateral carpal tunnel release. Physical examination revealed positive Spurling's test bilaterally, positive foraminal compression test bilaterally, positive Tinel's and Phalen's testing bilaterally, thenar weakness, tenderness in the midline L3 to L5 region with tenderness in bilateral paraspinal muscles, and negative straight leg raising bilaterally. Treatment recommendations included continuation of home exercises as well as continuation of current medications including tramadol, Tylenol, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids, Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 74-82.

Decision rationale: The California MTUS Guidelines state codeine is recommended as an option for mild to moderate pain. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. The patient only reports improvement following surgical intervention. The patient continues to report bilateral knee pain with constant ankle pain. The patient also reports significant cervical spine pain. There has been no change in the patient's physical examination that would indicate functional improvement. Therefore, the request for Tylenol with Codeine is non-certified.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request for Prilosec 20mg, #60 is non-certified.

Tramadol 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (UltramÂ®), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. The patient continues to report bilateral knee pain with constant ankle pain. The patient also reports significant cervical spine pain. There has been no change in the patient's physical examination that would indicate functional improvement. Therefore, the request for Tramadol 50mg #120 is non-certified.