MAXIMUS Federal Services

Case Number:	CM13-0047648		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2001
Decision Date:	02/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular disease and is licensed to practice in 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 52-year-old female who reported an injury on 11/18/2011. The patient is diagnosed with lumbar strain with left lower extremity radiculopathy, left shoulder adhesive capsulitis, status post left shoulder arthroscopy with decompression and debridement, and left knee patellofemoral chondromalacia. The patient was seen by [redacted] on 09/13/2013. The patient reported ongoing pain in the lumbar spine, left shoulder, and left knee. Physical examination revealed limited range of motion of the lumbar spine, tenderness and hypertonicity over the paraspinal muscles on the left, positive straight leg raising, 5/5 motor strength in bilateral lower extremities, decreased sensation at L5, and 1+ deep tendon reflexes bilaterally. Treatment recommendations included physical therapy and continuation of current medications such as tramadol and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (omeprazole 20 mg) #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 79-81. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA

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

Decision rationale: 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. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request is non-certified.

Ultram (Tramadol 50 mh) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

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

Decision rationale: 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. Despite the ongoing use, the patient continues to report persistent pain in the lumbar spine, left shoulder, and left knee. The patient's physical examination reveals no significant changes that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.