MAXIMUS Federal Services

Case Number:	CM13-0055250		
Date Assigned:	12/30/2013	Date of Injury:	11/14/2004
Decision Date:	03/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 Management, 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:

The patient sustained a work-related injury on 11/14/04. A 10/22/13 progress report identifies knee pain at 4/10 without medication, and 2/10 with medication. Ankle pain is at 9/10 regardless of medications; it interferes with activities of daily living and sleep. Current medications include atenolol, Celebrex, Ultram, and misoprostol. On exam, there is limited right knee range of motion. The left ankle had mild swelling and tenderness with some mild range of motion limitations. The provider noted that the patient was placed on Celebrex since he developed gastritis with naproxen, and the provider wanted to utilize Omeprazole to be safe. Tramadol was recommended. A 12/10/13 progress report identified that the patient has no medications and both knee and ankle pain is 9/10. The provider noted that he wanted the patient to have at least a 1-2 month trial of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for 120 Omeprazole DR 20mg (10/17/13): Overturned

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

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

Decision rationale: The California MTUS supports the use of proton pump inhibitors (PPIs) such as Omeprazole for patients with a significant risk of gastrointestinal (GI) events, specifically noting that patients at high risk for gastrointestinal events with no cardiovascular disease are recommended a Cox-2 selective agent plus a PPI if absolutely necessary. Within the documentation available for review, the patient is noted to have a history of gastric bypass, and developed gastritis previously with naproxen. He has indicated that he would like to trial the patient on Celebrex for 1-2 months with Omeprazole to protect the stomach during that trial. Given the patient's risk for GI events, the addition of a proton pump inhibitor during the Celebrex trial appears appropriate in accordance with the California MTUS recommendations. As such, the currently requested Omeprazole is medically necessary.

The retrospective request for 360 Tramadol HCL 50mg (10/17/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding Tramadol, the California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Tramadol is significantly improving the patient's pain (in terms of percentages or numerical rating system) or providing significant functional improvement. Furthermore, there is no clear documentation of monitoring for compliance and appropriate medication use. Opioids should not be discontinued abruptly; however, unfortunately, there is no provision for modification of the current request to allow for a limited quantify for the purpose of tapering, as was recommended in utilization review. In light of the above issues, the currently requested Tramadol is not medically necessary.