

Case Number:	CM13-0057260		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2011
Decision Date:	03/27/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation 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 is a 60 year old female who was injured on 03/30/2011. Treatment history included physical therapy, TENS unit, and medications. MRI performed 03/31/2012 revealed disc damage in her neck and a tumor was also found in her head. Urine toxicology review performed 07/15/2013 revealed patient tested positive for lorazepam, tramadol Metabolite, O-Desmethyl-cis-tramadol, and tramadol. MRI of the left knee performed 08/15/2013 was unremarkable. Clinic note dated 09/20/2013 documented the patient stating the medications and acupuncture help relieve the pain, constant sharp pain in the left shoulder, constant dull pain in the left elbow and left wrist and constant sharp pain in the left thumb. In addition, the patient experiences headaches, dizziness, difficulty sleeping and anxiety. The patient was not taking any medications at that time. Range of motion of the cervical spine revealed decreased values. Range of motion of the shoulders revealed decreased values on the left. On examination, swelling, weakness, and numbness in the left arm with limited strength is noted. Range of motion for the wrists/hands revealed normal values. Drug test performed 10/31/2013 revealed a detection of lorazepam, tramadol and/or metabolite, O-Desmethyl-cis tramadol, and tramadol. A clinic note dated 10/31/2013 revealed patient had neck pain but improving. Tenderness to palpation left wrist pain with range of motion left wrist, pain with range of motion of the cervical spine. Patient was diagnosed with OA left shoulder, disc herniation multilevel cervical spine, Left knee pain, cervicgia radiculitis/neuritis, cervical spine sprain/stain, and shoulder sprain/stain. The patient still had left hand weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 dispensed on 9/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Protonix is a proton pump inhibitor and as per CA MTUS guidelines, it is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Medical records submitted showed no documentation of any reported symptoms of abdominal pain, GI upsets, or gastric ulcers. The medical necessity has not been established and hence the request for Protonix is non-certified.

Tramadol ER 150mg #45 dispensed on 9/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-83, 93-94.

Decision rationale: As per CA MTUS Guidelines, tramadol is not recommended as a first-line treatment. Four domains 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 nonadherent) drug-related behaviors. For continued use, guidelines recommend, the patient has returned to work and has improved functioning and pain. Records submitted indicate her pain level continued to remain between 6-8 with the use of this medication and continued to have significant functional limitations. There is no documentation of any functional improvement or reduction in pain level with the use of this medication. Also, a note dated 09/20/2013 indicates the patient is not taking any medications presently; however there are several urine drug screening done which were positive for lorazepam, Tramadol and/or Metabolite, O-Desmethyl-cis-Tramadol, and Tramadol. Thus, the request for retrospective request for tramadol 150mg #45 is non-certified.