MAXIMUS Federal Services

Case Number:	CM13-0057465		
Date Assigned:	12/30/2013	Date of Injury:	01/30/2010
Decision Date:	05/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and 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 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 underlying date of injury in this case is 01/30/2010. The patient's primary treating diagnosis is 338.2, or chronic pain syndrome. The treating diagnoses include cervical disc lesion, right shoulder impingement, right carpal tunnel syndrome, anxiety, depression, insomnia, elevated blood pressure, and diabetes. On 05/24/2013, the patient's primary treating physician submitted a progress report. The patient reported ongoing pain in the right shoulder, the cervical spine, and the upper trapezius. The patient was noted to have impingement findings in the right shoulder and also a positive cervical axial compression test and positive cervical paravertebral myospasms. The treating physician requested a cortisone injection to the right shoulder and also recommended refill of Prilosec for gastritis due to nonsteroidal anti-inflammatory intake as well as Ultram for mild pain and Norco for moderate pain. The patient reported that medications had been of benefit and the patient would continue to use these as prescribed. On 07/05/2013, medications again continued to include Prilosec for gastritis due to nonsteroidal anti-inflammatory intake as well as Ultram and Norco. By 08/16/2013, the patient had ongoing pain, and the treating physician renewed Naproxen for inflammation as well as Prilosec for gastritis due to nonsteroidal anti-inflammatories intake and Norco for severe pain. By 09/27/2013, treatment included Norco, Prilosec, and also Tramadol for symptoms of ongoing continuous pain to the right shoulder. An initial physician review noted that there was no documentation of use of anti-inflammatory medication based upon a report which appears to have only included a review of the 05/24/2013 physician note. The physician noted that the guidelines do not support indication for opioid use in this case and also did not support the use of Ultram and Norco as opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG QTY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Page(s): 66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 66, recommends that the clinician should determine if the patient is at risk for gastrointestinal events. An initial physician review noted that this patient was not taking an anti-inflammatory medication. However, additional medical records are relevant at this time subsequent to the sole report utilized in the initial review from May 2013. These records do document use of the anti-inflammatory medication, Naproxen. The treatment guidelines do support Prilosec for gastritis from naproxen. The request for Prilosec 20 mg, quantity 60 is medically necessary and appropriate.

ULTRAM 150MG QTY 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Osteoarthristis, Opioids/Ongoing Management Page(s): 78-83.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines discusses Ultram in a setting of opioids for osteoarthritis, noting that weak opioids should be considered at initiation of treatment, such as tramadol. Additionally, the MTUS section on opioids/ongoing management recommends ongoing assessment of the four A's of opioid management to document functional benefit versus side effects of medications. A prior physician reviewer concluded that there was no indication for the use of opioid medications at this time. Given the patient's reported nonsteroidal anti-inflammatory gastritis, the use of an alternative drug class is indicated. The treatment guidelines would support tramadol as a weak opioid and as an initial opioid to be utilized. The records do document the four A's of opioid management and support functional benefit from the patient's medication use overall. The request for Ultram 150 mg quantity 30 is medically necessary and appropriate.

NORCO 10/325MG QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Managements Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines discusses Ultram in a setting of opioids for osteoarthritis, noting that weak opioids should be considered at initiation of treatment, such as tramadol. Additionally, the MTUS section on opioids/ongoing management recommends ongoing assessment of the four A's of opioid management to document functional benefit versus side effects of medications. A prior physician reviewer concluded that there was no indication for the use of opioid medications at this time. Given the patient's reported nonsteroidal anti-inflammatory gastritis, the use of an alternative drug class is indicated. The treatment guidelines would support tramadol as a weak opioid and as an initial opioid to be utilized. The records do document the four A's of opioid management and support functional benefit from the patient's medication use overall. The request for Ultram 150 mg quantity 30 is not medically necessary and appropriate.