MAXIMUS Federal Services

Case Number:	CM13-0061089		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2010
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Pain Medicine 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 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 patient is a 58-year-old female who reported a work-related injury on 06/03/2010 after lifting a pan from the oven. She reported a twisting injury to her neck, right arm, and low back. Recent clinical documentation stated the patient presented with chronic low back and neck pain. She has undergone physical therapy treatments, Functional Restoration Program, cervical and lumbar epidural steroid injections, and psychological treatments due to depression. Her diagnoses are lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. A request was made for tramadol ER 150 mg #30 dispensed 08/15/2013 and Protonix 20 mg #60 dispensed 08/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 dispensed 8/15/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids: Tramadol Page(s): 83-84.

Decision rationale: California MTUS Guidelines state there are no long-term studies to allow for recommendations for longer than 3 months for the use of tramadol. Tramadol is

recommended on a trial basis for short-term use after there has been evidence of failure of first-line, non-pharmacologic and medication options. There was no documentation stating the patient had tried and failed first-line non-pharmacologic medications such as acetaminophen or NSAIDs prior to being prescribed tramadol. Per recent clinical documentation, there was no evidence given the patient had moderate to severe pain per guideline criteria for a trial of opioids. Physical exam of the patient revealed no pertinent findings. Therefore, there was no rationale provided for the prescription for tramadol for the patient. As such, the request for tramadol ER 150 mg #30 dispensed 08/15/2013 is non-certified.

Protonix 20mg #60 dispensed 8/15/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Proton pump inhibitors (PPI's), Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S.

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

Decision rationale: California Medical Treatment Guidelines for chronic pain state for patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a proton pump inhibitor or a COX-II selective agent is recommended. It was not noted in the submitted documentation that the patient was at risk for gastrointestinal events or gastrointestinal distress due to the use of NSAIDs. There was also no documentation stating the patient had GI disorders or distress or that the patient was utilizing chronic NSAID therapy. Therefore, the request for Protonix 20 mg #60 dispensed 08/15/2013 is non-certified.