

Case Number:	CM13-0063948		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2012
Decision Date:	08/22/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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 patient is a 46 year old male who was injured on 3/09/2012. His primary diagnosis is lumbar spinal stenosis without neurogenic claudication. On 10/16/2012, the patient underwent lumbar laminectomy L3 to S1 and left L4-5 discectomy. A UR determination on 11/26/2013 certified the request for consult with pain management and Naproxen 550mg #60, and modified the request of Tramadol 50mg #60, to allow Tramadol 50mg #30, for weaning. The medical records documented the patient had pain that was moderate and only intermittent, for which Tramadol was not indicated, and so not medically necessary. Since it was not recommended that the medication be stopped abruptly, #30 count for weaning was certified. The patient was seen for PTP orthopedic follow-up with [REDACTED] on 08/22/2013, for continued complaints of intermittent low back pain with radiation to the left lateral leg to the foot, and intermittent moderate neck pain. On physical examination of the cervical spine, there is tenderness to palpation about the paracervical musculature, restricted ROM due to complaints of pain, and muscle spasms noted. Lumbar examination reveals tenderness to palpation about the lumbar paravertebral musculature, restricted ROM due to complaints of pain, positive SLR bilaterally at 70 degrees, and muscle spasms noted. Review of records include 6/11/2013 lumbar CT, 6/24/2013 NCV/EMG of upper extremities, and cervical and lumbar spine MRIs dated 2/23/2014. The current diagnoses are 1. Cervical spine sprain/strain with radicular complaints; MRI evidence of disc bulging at C3-4 through C5-6. 2. Status post L3-S1 microdecompression and L4-S1 microdiscectomy of L4-S1 with residuals; MRI evidence of disc protrusion at L4-5 and L5-S1; CT scan evidence of bulge at L2-3 and L3-4. The physician requested the patient's cervical and lumbar films for review. Reportedly, the patient had been authorized a L5-S1 ESI, and would undergo the procedure in 2 weeks. He remained on TTD status. The patient was seen recently for PTP orthopedic follow-up with [REDACTED] on 11/14/2013, for continuing

complaints of intermittent moderate neck pain with radiation to the bilateral shoulders and intermittent moderate low back pain with radiation to the bilateral legs. Examination of the cervical spine reveals tenderness to palpation of the paracervical musculature, muscle spasms, and restricted ROM due to pain complaints. Lumbar spine examination reveals tenderness to palpation of the lumbar paravertebral musculature, positive SLR bilaterally at 70 degrees, muscle spasms, and restricted ROM due to pain complaints. Review of records include 6/11/2013 lumbar CT, 6/24/2013 NCV/EMG of upper extremities, and cervical and lumbar spine MRIs dated 2/23/2014. The current diagnoses are 1. Cervical spine sprain/strain with radicular complaints; MRI evidence of disc bulging at C3-4 through C5-6. 2. Status post L3-S1 microdecompression and L4-S1 microdiscectomy of L4-S1 with residuals; MRI evidence of disc protrusion at L4-5 and L5-S1; CT scan evidence of bulge at L2-3 and L3-4. The patient was prescribed Tramadol 50mg #60, Naproxen 550mg #60, and Omeprazole 20mg #60. Authorization for pain management consult for possible single cervical ESI was requested. The patient remains TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The medical records document the patient has complaints of moderate pain that is intermittent. However, opioids, such as Tramadol, are not recommended for intermittent pain. In addition, the guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The medical records do not reveal any change in function as documented on objective examination, nor improvement in reported pain level. The patient remains on TTD status, he has not returned to work. The request for Tramadol is not supported by the guidelines. Consequently, the medical records establish that Tramadol is not indicated for the treatment of this patient, it is not medically necessary.

Omeprazole 20mg: 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: The CA MTUS guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of these criteria apply to this patient. There is no current documentation of G.I. distress. The medical records do not establish any of these potential significant risk factors apply to this patient. The medical records do not include any supportive correlating subjective/objective findings documented in a current medical report that would establish Omeprazole is medically indicated. The request is not medically necessary.