MAXIMUS Federal Services

Case Number:	CM13-0065958		
Date Assigned:	01/03/2014	Date of Injury:	11/16/2010
Decision Date:	06/02/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 50 year old male who reported an injury on November 18, 2010 secondary to a motor vehicle accident. He was evaluated on October 17, 2013 and reported constant low back pain and stiffness with numbness and tingling in the left leg and left arm. The injured worker reported that the pain severity was 6/10 with medications and 3/10 without medications. On physical exam, he was noted to have tenderness over the left posterior superior iliac spine. Diagnoses included musculoligamentous sprain of the lumbar spine with left lower extremity radiculitis as well as disc bulges at L2-3, L3-4, L4-5, and L5-S1. Medications at the time of evaluation were noted to include Motrin, Ultram, Prilosec, and Ambien. The injured worker was previously treated with lumbar epidural steroid injections on October 2, 2012, April of 2013 and August 13, 2013 and experienced pain relief for three to six months. It was noted that he was also initially treated with physical therapy on an unknown date with unknown duration and had "no improvement." The injured worker was recommended for Omeprazole 20mg tab once daily (to prevent stomach irritation in conjunction with NSAIDs (non-steroidal anti-inflammatory drugs), Tramadol 50mg 1-2 tabs four times daily as needed for pain, and Ibuprofen 800mg three times daily (to help reduce inflammatory pain). The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG TAB;1 DAILY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor such as Omeprazole in conjuction with NSAIDs for injured workers at risk for gastointestinal events. These risks include: age over 65, history of peptic ulcer, GI bleeding or perforation, and concurrent use of anti-coagulants. There is no evidence documented that the injured worker is at high-risk for gastrointestinal events or that he has reported any gastointestinal irritation. Therefore prophylactic use of a proton pump inhibitor is not warranted by the guidelines. It did not appear the injured worker has a history of peptic ulcer, GI bleed, or perforation. The request for omeprazole 20 mg tablets, one daily, sixty count is not medically necessary or appropriate.

TRAMADOL 50MG TAB; 1-2 TAB QID PRN FOR PAIN #200: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional improvement, appropriate medication use (to include absence of aberrant drug-related behaviors), and side effects to warrant the continued use of opioids. While the injured worker was noted to have quanitifiable pain relief with medications (including Tramadol) at the time of the request, there is no detailed, objective documentation of functional improvement achieved with medications to include improved range of motion or activities of daily living. The request for tramadol 50 mg tab, one to two tablets four times daily as needed for pain, 200 count, is not medically necessary or appropriate.

IBUPROFEN 800MG TABLET, 1 TAB TID #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids/Specific Drug List & Adverse Effects Page(s): 70-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Ibuprofen primarily for osteoarthritis, but state that it can be used with mixed pain conditions. Guidelines state that all NSAIDs, including Ibuprofen, should be used with the lowest possible dose for the shortest duration of time consistent with individual patient treatment goals. The documentation

provided for review indicates that the injured worker has taken this medication since at least November 29, 2010 which is excessive according to the duration recommended by the guidelines. Furthermore, guidelines state that doses greater than 400mg have not provided greater relief of mild to moderate pain. The requested dose of 800mg tablets for the injured worker's pain rating of 3-6/10 exceeds the dose recommended by evidence-based guidelines. While the injured worker was noted to have quanitifiable pain relief with medications (including Ibuprofen) at the time of the request, there is no detailed, objective documentation of functional improvement achieved with medications to include improved range of motion or activities of daily living. The request for ibuprofen 800 mg tablet, one tablet three times daily, 100 count, is not medically necessary or appropriate