

Case Number:	CM13-0066529		
Date Assigned:	01/03/2014	Date of Injury:	05/23/2006
Decision Date:	03/31/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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:

According to the records made available for review, this is a 57-year-old male with a 5/23/06 date of injury. At the time of request for authorization for Omeprazole 20mg one caplet every day, #30 and Tramadol 50mg one tab every four hours, #120, there is documentation of subjective (persistent neck pain and upper back pain) and objective (tenderness to palpation over the cervical spine, decreased cervical range of motion, and mid scapular pain) findings, current diagnoses (cervical sprain/strain), and treatment to date (Omeprazole and Tramadol since at least 11/30/12). Regarding the requested Omeprazole 20mg one caplet every day, #30, there is no documentation of a risk for gastrointestinal events or that the employee is utilizing chronic NSAID therapy, and functional benefit with the use of Omeprazole. Regarding the requested Tramadol 50mg one tab every four hours, #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional improvement with the use of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg one caplet every day, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of a diagnosis of cervical sprain/strain. However, there is no documentation of a risk for gastrointestinal events or that the employee is utilizing chronic NSAID therapy. In addition, despite documentation of ongoing therapy with Omeprazole since at least 11/30/12, there is no documentation of functional benefit with the use of Omeprazole. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg one caplet every day, #30 is not medically necessary.

Tramadol 50 mg one tab every four hours, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of a diagnosis of cervical sprain/strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing therapy with Tramadol since at least 11/30/12, there is no documentation of functional improvement with the use of Tramadol. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg one tab every four hours, #120 is not medically necessary.