

Case Number:	CM13-0068854		
Date Assigned:	01/03/2014	Date of Injury:	03/06/2003
Decision Date:	05/13/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for chronic bilateral shoulder, arm, elbow, and upper extremity pain associated with an industrial injury of March 6, 2003. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. In a December 3, 2013, progress note the applicant is described as reporting bilateral elbow and shoulder pain. The applicant's diabetes is apparently poorly controlled. The applicant's pain, however, has been reportedly controlled. Prilosec is reportedly controlling the applicant's gastric symptoms. An earlier note of June 19, 2013, is notable for comments that the applicant has intermittent dyspepsia with proton pump inhibitor therapy. The applicant is using tramadol for severe pain. The applicant's pain is reportedly controlled well with tramadol. Additional tramadol and Prilosec were renewed. An earlier note of December 20, 2012, is also notable for comments that the applicant was experiencing intermittent gastritis with pain medications. Prilosec was introduced at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG #60 WITH 5 REFILLS: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that treatment options in those applicants who develop nonsteroidal anti-inflammatory drug (NSAID) induced dyspepsia include discontinuing or switching the offending NSAID. In this case, the applicant has intermittent symptoms of dyspepsia, despite ongoing usage of Prilosec. Continuing to use Naprosyn on a scheduled basis is not indicated, given the applicant's ongoing issues with dyspepsia. Therefore, the requested Naproxen is not medically necessary or appropriate.

ULTRAM 50 MG #60 WITH 5 REFILLS: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the criteria for continuation of opioid therapy include evidence of improved functioning and/or reduced pain effected or achieved as a result of the same. In this case, the applicant is achieving appropriate analgia and reduction in pain scores as a result of ongoing tramadol usage. Continuing the same, on balance, is therefore indicated and the criteria have been met for continuation of Ultram, a synthetic opioid. Therefore, the requested Ultram is medically necessary and appropriate.

OMEPRAZOLE 20 MG #30 WITH 5 REFILLS: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors, such as omeprazole, are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant does have longstanding issues with dyspepsia, reflux, and heartburn. Ongoing usage of omeprazole, a proton pump inhibitor, to combat the same is indicated and appropriate. Therefore, the requested Omeprazole is medically necessary.