

Case Number:	CM14-0006884		
Date Assigned:	02/24/2014	Date of Injury:	05/30/2012
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/18/2014

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 patient is a 70-year-old female who has submitted a claim for neck sprain and post procedural status not elsewhere classified associated with an industrial injury date of May 30, 2012. The patient is status post anterior cervical discectomy with decompression of the spinal cord, central spinal canal and bilateral foramen, C5-6 and C6-7; partial corpectomy, C5-6 and C6-7; and anterior cervical interbody arthrodesis, C5-6 and C6-7 (5/28/13). She currently complains of neck pain rated 4/10. Physical examination showed limitation of motion of the cervical spine. Neurological examination was normal. Cervical spine x-ray done on December 12, 2013 reveals findings suggesting degenerative disease at the lower transitional level. No evidence of postoperative complication was noted. The diagnoses were neck sprain, cervical spinal stenosis and cervical spondylosis. Treatment plan includes requests for Protonix and Ultram. Treatment to date has included oral analgesics, cervical spine surgery and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20 MG # 60 X 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, it was noted that the patient was prescribed Norco based on urine drug screens performed on May and December 2013. No other discussions were noted regarding the patient's current pain medications. There were also no complaints GI disturbances based on the medical records submitted. The medical necessity was established due to lack of information. Therefore, the request for Protonix 20mg # 60 X 2 refills is not medically necessary.

ULTRAM 50 MG # 60 X 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Tramadol; (Ultram) Page(s): 93-94, 113.

Decision rationale: According to page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, there was no discussion regarding the patient's current pain medications. It was noted that the patient was prescribed with Norco based on urine drug screens performed on May and December 2013. The medical necessity cannot be established due to lack of information. Therefore, the request for Ultram 50mg # 60 X 2 refills is not medically necessary.