

Case Number:	CM14-0009337		
Date Assigned:	02/14/2014	Date of Injury:	02/01/2010
Decision Date:	07/17/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 55-year-old male with a 2/1/10 date of injury secondary to cumulative trauma. His diagnosis is HNP of the C and L spine and bilateral carpal tunnel syndrome. A progress report dated 4/5/13 noted the patient was taking Diclofenac for arthritis and inflammation 100 gm. BID, Omeprazole for gastritis, and Aspirin daily for cardiac risks. The patient was seen on 12/13/13 with complaints of pain in the neck, wrists, low back and right knee. Exam findings revealed tenderness over the C3-C7 spinous processes and bilateral paravertebral muscles as well as tenderness over L1-L5 with paraspinal tenderness and decreased range of motion of both the C and L spines. There was tenderness to palpation over the right knee medial; joint line and decreased flexion. Treatment to date has included: LESI, decompression neuroplasty of the lumbar nerve roots bilaterally at L3-S1 on 11/7/13, facet blocks, medications, TENS unit, heat/cold therapy and a cervical pillow. A UR decision dated 12/27/13 modified the request for Tramadol given there was no documentation to support that \$60 tablets for PRN pain use were necessary, however #45 were considered medically necessary. The request for Omeprazole was denied given there was no evidence the patient was at high risk for a GI event or on chronic NSAID use.

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 OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. This patient is noted to be on Tramadol for pain relief and is noted to have benefited from his pain prescription regimen, however his tramadol use is note dot have escalated over 2013. There is no documentation of ongoing evaluation with regard to VAS with and without this medication, or functional gains, urine drug screens, or a pain contract. Nor is there any documentation regarding how many tablets the patient requires for pain control daily. Therefore, the request for Tramadol #60 as submitted was not medically necessary.

OMEPRAZOLE 20MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient is noted to be on chronic NSAID therapy in the form of Diclofenac as well as daily aspirin for cardiac conditions. Thus, use of a proton pump inhibitor is reasonable for GI prophylaxis. Therefore, the request for omeprazole was medically necessary.