

Case Number:	CM14-0100977		
Date Assigned:	07/30/2014	Date of Injury:	10/11/2012
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; a TENS unit; and reported return to regular duty work. In a Utilization Review Report dated June 11, 2014, the claims administrator partially certified a request for tramadol, denied a request for omeprazole, and partially certified a request for Naprosyn. The applicant's attorney subsequently appealed. In a June 4, 2014 progress note, the injured worker reported persistent complaints of pain, reportedly heightened following completion of full workday, 8/10. The injured worker stated that he is using Tramadol for pain relief. The injured worker was presently working full-time as an agricultural worker, it was stated. In another section of the report, it was stated that the injured worker was using Naprosyn, Omeprazole, and Tramadol. Epidural steroid injection therapy, a TENS unit, home exercises, and regular duty work were endorsed. The attending provider reported in another section of the note that previous usage of Naprosyn had been beneficial. Ultimately, Naprosyn, Tramadol, and Prilosec were renewed. There was no mention of any issues with reflux, heartburn, or dyspepsia either in the body of the report or in the gastrointestinal review of systems section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the injured worker has maintained full-time work status as an agricultural worker with ongoing usage of Tramadol. The attending provider has stated that ongoing usage of Tramadol and Naprosyn has generated improvement in terms of pain symptoms. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAIDs)-induced dyspepsia, in this case, however, the information on file did not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn are the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain seemingly present here. The injured worker has demonstrated appropriate analgesia and functional improvement, as defined in MTUS 9792.20f, with ongoing usage of Naprosyn as evinced by the applicant's successful return to and maintenance of regular duty work status as an agricultural worker. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

