

Case Number:	CM14-0011956		
Date Assigned:	06/11/2014	Date of Injury:	04/07/1994
Decision Date:	07/21/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 64-year-old male with a reported date of injury of 04/07/1994. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with moderate lumbar spine pain, and chronic moderate lumbar spine pain. His motor testing was 5/5 throughout. He presented with positive straight leg raise bilaterally. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 40 degrees, extension to 20 degrees, and bilateral bending to 20 degrees. The history of previous physical therapy or conservative measures was not provided within the documentation available. The injured worker's diagnoses included status post lumbar spine fusion x 2 and gastrointestinal events. The injured worker's medication regimen included Ultram, Omeprazole, and Dendracin lotion. The Request for Authorization for Prilosec 20 mg and Ultram 50 mg was submitted on 01/29/2014. The physician indicated that the injured worker's gastritis is controlled with PPI and that the injured worker has no side effects or problems with the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors in injured workers at risk for gastrointestinal events. Criteria used to determine whether the injured worker is at risk for gastrointestinal events would include: greater than 65 years of age; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Injured workers identified as being at risk for gastrointestinal events are recommended to utilize either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI use has been shown to increase a risk of hip fracture. According to the documentation provided for review, the injured worker has been utilizing Prilosec since before 11/11/2011. Although the physician indicates that the injured worker has gastritis, there is a lack of objective clinical findings of gastritis to justify the therapeutic long-term use of Prilosec. In addition, the request as submitted failed to provide frequency and directions for use of Prilosec. Therefore, the request for Prilosec 20 mg is non-certified.

ULTRAM 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: According to the California MTUS, on-going management of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation related to the injured worker's pain assessment in terms of pain relief, functional status, appropriate medication use, and side effects. In addition, the clinical information provided for review indicates that the injured worker has been utilizing Ultram since before 11/11/2011. There is a lack of objective clinical findings of functional benefit related to the long-term use of Ultram. In addition, the request as submitted failed to provide the frequency and directions for use for Ultram. Therefore, the request for Ultram 50 mg is non-certified.