

Case Number:	CM14-0017790		
Date Assigned:	04/16/2014	Date of Injury:	01/07/2000
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Medicine and is licensed to practice in Arizona. 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 58 year old female with a date of injury on 1/7/2000. The diagnoses include brachial neuritis, joint effusion, and cervicalgia. The patient has had cervical spinal fusion and carpal tunnel release surgeries. Subjective complaints are of exacerbated pain in the back with radiation to both arms. Physical exam shows paravertebral tenderness, decreased range of motion, and very protective of right upper extremity. The medications include Cyclobenzaprine, Gabapentin, Lidoderm, Tylenol #3 twice a day as needed, Klonopin, and Prilosec,. The medical records identify pain relief and improved function with the prescribed medications. Updated urine drug screens are present in the record.

IMR ISSUES, DECISIONS AND RATIONALES

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

CODEINE/APAP 300MG/30MG #60 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid

therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, there is documentation of efficacy with prior use. For this patient, there is documentation present of MTUS opioid compliance guidelines, including risk assessment, urine drug screens, attempt at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and the medical necessity is established.

OMEPRAZOLE 40MG #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK, Page(s): 68-69.

Decision rationale: According to California MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not taking NSAIDS, and is not in an intermediate or high risk group for GI complications. Therefore, the medical necessity of Omeprazole is not established.

TRAMADOL CREAM 10% #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: California MTUS states that tramadol is a centrally acting synthetic opioid and it is not recommended as a first-line oral analgesic. Guidelines do not recommend topical Tramadol as no peer-reviewed literature support their use or identifies indications or effectiveness of a topical formulation of this medicine. Therefore, the medical necessity of topical Tramadol is not established.