

Case Number:	CM14-0018665		
Date Assigned:	04/18/2014	Date of Injury:	03/21/2007
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with a date of injury of 03/21/2007. The listed diagnoses are: Musculoligamentous sprain, lumbar spine, Herniated disk, lumbar, and Status post anterior and posterior fusion. According to report dated 12/10/2013 by the physician, the patient presents with chronic low back pain. The patient states the cold weather makes his pain increased. His pain is an 8/10 with medications and 10/10 without medication. The patient is currently taking Tramadol, Motrin, and omeprazole. Low back pain has constant mild to severe pain. His pain radiates down his right leg to the foot. Examination finding states tenderness to right sciatic notch. Treater is requesting a refill of Tramadol 50 mg and omeprazole 20 mg. There is a request for ibuprofen 800 mg #100 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG, #200 WITH 5 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 Medications for Chronic Pain, Criteria for Use of Opioids, Opioids for Chronic Pain Page(s): 60-61, 88-89, 80-81.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Tramadol 50 mg #200 with 5 refills for management of pain. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Progress reports by the physician from 07/09/2013 to 12/10/2013, recommends continuation of medications including Tramadol. Although the treater provides a before and after numerical scale to assess the pain, there are no "pain assessment," no mention of functional improvement in terms of ADL's or return to work as required by MTUS. Given the lack of sufficient documentation, the patient should slowly be weaned off Tramadol as outlined by MTUS Guidelines. Recommendation is for denial.

OMEPRAZOLE 20MG, #60 WITH 5 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 NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 60.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of omeprazole 20 mg #60 with 5 refills to be used in conjunction with NSAID "prevent stomach irritation." The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Prilosec since 08/23/2013. Review of reports from 07/09/2013 to 12/10/2013 does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. The treater is prescribing this medication to "prevent stomach irritation." Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.

IBUPROFEN 800MG #100 WITH 5 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 Anti-Inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting ibuprofen 800 mg #100 with 5 refills to reduce inflammation and pain. For anti-inflammatory

medications, the MTUS Guidelines page 22 states "anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." This patient has been taking Ibuprofen since 08/23/2013. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding the efficacy of Ibuprofen in any of the reports from 01/04/2013 to 12/10/2013. MTUS Guidelines page 60 requires documentation of pain assessment and function when medications are used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Ibuprofen, recommendation is for denial.