

Case Number:	CM14-0113802		
Date Assigned:	08/01/2014	Date of Injury:	09/27/2003
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 9/27/03 date of injury. At the time (6/2/14) of request for authorization for Hydrocodone/APAP 7.5/325mg #180, Omeprazole 20mg #60, and Tramadol 50mg #180, there is documentation of subjective (pain in the neck, lower back, left shoulder, and bilateral knees) and objective (tenderness over the trapezius, cervical, and lumbar paravertebral muscles, decreased range of motion, and decreased sensation at L4, L5, and S1 dermatomal distribution) findings, current diagnoses (chronic cervical musculoligamentous sprain/strain with herniation, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement, rotator cuff tendinitis, and gastropathy secondary to medication intake), and treatment to date (medications including ongoing treatment with NSAID, Hydrocodone/APAP, Omeprazole, and Tramadol since at least 7/11/12)). 5/5/14 Medical report identifies that medications provide pain relief and allows patient to do more activities of daily living. Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Omeprazole, there is no documentation of high dose/multiple NSAID. Regarding Tramadol, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #180: Upheld

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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic cervical musculoligamentous sprain/strain with herniation, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement, rotator cuff tendinitis, and gastropathy secondary to medication intake. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP since at least 2012. Furthermore, given documentation that Hydrocodone/APA provides pain relief and allows patient to do more activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone/APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 7.5/325mg #180 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not

be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of chronic cervical musculoligamentous sprain/strain with herniation, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement, rotator cuff tendinitis, and gastropathy secondary to medication intake. In addition, there is documentation of ongoing treatment with Omeprazole and NSAIDs. However, despite documentation of ongoing treatment with NSAIDs, there is no documentation of high dose/multiple NSAID.. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is not medically necessary.

Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of chronic cervical musculoligamentous sprain/strain with herniation, lumbar disc annular tear, left shoulder posterior labral tear, left shoulder subacromial impingement, rotator cuff tendinitis, and gastropathy secondary to medication intake. In addition, there is documentation of ongoing treatment with Tramadol since at least 2012 and Tramadol used as a second-line treatment (in combination with Norco). Furthermore, given documentation that Tramadol provides pain relief and allows patient to do more activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tramadol use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #180 is not medically necessary.

