

Case Number:	CM14-0117347		
Date Assigned:	08/06/2014	Date of Injury:	05/09/2005
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Nevada. 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 56-year-old female who was reportedly injured on 5/9/2005. The mechanism of injury is not listed. The most recent progress note dated 3/7/2014, indicates that there are ongoing complaints of low back pain that radiates in the lower extremities. The physical examination demonstrated that the lumbar spine had decreased range of motion and the sensation on the left was greater than right. There were no recent diagnostic studies available for review. The previous treatment included medication, and conservative treatment. A request was made for Tramadol ER 150mg #30, Topiramate 50mg #60, and Omeprazole 20mg #60, and was not certified in the pre-authorization process on 7/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-

line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol ER 150mg #30 is not considered medically necessary.

TOPIRAMATE 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16,21.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of anticonvulsants, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed. As such, the request for Topiramate 50mg #60 is considered not medically necessary.

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request for Omeprazole 20mg #60 is not considered medically necessary.