

Case Number:	CM14-0117527		
Date Assigned:	08/06/2014	Date of Injury:	09/10/2005
Decision Date:	09/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 records presented for review indicate that this 37 year-old female was reportedly injured on 9/10/2005. The mechanism of injury is listed as a low back injury after an altercation while working as a police officer. The most recent progress notes dated 3/31/2014 and 5/29/2014 indicate that there are ongoing complaints of low back pain. The physical examination demonstrated palpable tightness/tenderness of lumbar paraspinals; positive SLR; decreased Range of Motion (ROM) and decreased sensory at L5 & S1. An MRI of the lumbar spine dated 11/6/2013 demonstrated levoscoliosis, 3 mm retrolisthesis at L5-S1, congenital canal narrowing, and several small disk protrusions (2-4 mm) from L2-S1. Diagnosis: Lumbago. Previous treatment included epidural steroid injections, trigger point injections, physical therapy, acupuncture and medications to include Tramadol ER, Omeprazole, Cyclobenzaprine, Naproxen and Orphenadrine. A request had been made for Omeprazole 20 mg #120 and Tramadol ER 150 MG #90; which was partially certified for Omeprazole #60 and Tramadol 50 mg #90 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:

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 68-69 of 127 The Expert Reviewer's decision rationale:MTUS guidelines recommend "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. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, documents GI distress with Naproxen; however, the recommended Omeprazole dose is 20 mg BID (#60)." The current request for Omeprazole 20mg #120 exceeds the recommended dose and is not considered medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93,94 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 93, 94 of 127The Expert Reviewer's decision rationale:MTUS guidelines recommend "long-acting Tramadol in the management of chronic pain after there is evidence of failure of a first-line option, and when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." The claimant suffers from chronic back pain; however, there is no documentation of a trial or failure to short acting first-line analgesics. As such, this request is not considered medically necessary.