

Case Number:	CM14-0125247		
Date Assigned:	08/11/2014	Date of Injury:	09/09/2003
Decision Date:	09/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 injured worker's date of injury is 09/09/2013. The original injury occurred as a result of lifting a heavy load of boxes. This injured worker is a forklift operator who receives treatment for chronic low back pain, lumbar disc disease, and an umbilical hernia with radiation of pain to the R groin. The patient underwent recurrent umbilical hernia repair on 08/29/13. MRI imaging on 02/11/2103 shows an L4-S1 disc herniation and right foraminal stenosis and nerve compression. The treating physician in the PR-2 date 07/14/14 states the patient has gastritis/GERD and constipation secondary to medications. In addition, the patient receives treatment for diabetes type II. The patient takes Naproxen prn, Omeprazole, Metamucil, and diabetes meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg qty #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs and gastrointestinal symptoms and cardiovascular risks Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) which may be indicated for those patients treated with an NSAID who are at risk for a gastrointestinal (GI) complication, such as upper or lower GI bleeding. Typically, if a GI bleed occurs, then a diagnostic endoscopic exam is performed to diagnose the exact site and cause of bleeding. Based on the documentation provided, the continuing use of this PPI Omeprazole 20mg is not medically necessary.

Metamucil sugar free quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Management of chronic constipation in adults by Arnold Wald, MD - UpToDate.com: accessed online.

Decision rationale: Metamucil is an OTC (Over-the-counter) bulk stool softener and laxative. It is an adjunct for the treatment of constipation, along with adequate oral fiber and oral fluid intake. The documentation provided does not provide information about dietary efforts tried and failed. There is no documentation of the response to the Metamucil therapy. Based on the information provided, Metamucil is not medically necessary.

Tramadol 50mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, On-Going Management Page(s): 76 - 78.

Decision rationale: In the management of chronic musculoskeletal pain with chronic opioid therapy, four domains must be addressed and documented by the treating physician. These include: level of analgesia provided, side effects, physical and psychological functioning, and any aberrant behaviors. The clinical note from 07/14/2014, does not address the level of functioning. Based on the documentation, the continuing use of Tramadol is not medically necessary.