

Case Number:	CM14-0134307		
Date Assigned:	08/29/2014	Date of Injury:	03/19/2014
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 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:

The underlying date of injury in this case is 03/19/2014. The date of the utilization review under appeal is 07/29/2014. On 06/02/2014, the treating orthopedic surgeon saw the patient in followup regarding cervical and lumbar pain as well as right shoulder and right elbow pain. The patient had decreased range of motion with guarding and tenderness in the affected area. The patient was diagnosed with multiple strains as well as shoulder bursitis/tendinitis and lumbosacral radiculopathy and cervical radiculopathy. The treating physician reported the patient had been prescribed omeprazole given a history of gastroesophageal reflux, and the treating physician noted that there had been a reduction dyspepsia with this medication. The treating physician also noted that the guidelines recommend Ultram as a viable opioid of first choice in patients suffering from osteoarthritis or low back pain or neuropathic pain. The prior reviewing physician also noted that Ultram was supported by the medical records, but the treating physician had not yet acknowledged a certification of this treatment from 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on antiinflammatory medications and gastrointestinal symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms, page 68, states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case do discuss indications for gastrointestinal prophylaxis. However, it is unclear whether this will be required for 6 months or 5 refills. Thus, the duration of medication request in this case exceeds the guidelines. This request is not medically necessary.

Ultram ER 100mg #60 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management, Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids/Ongoing Management, page 78, discusses the 4 A's of opioid management, emphasizing the need for ongoing review and documentation of the benefits and side effects of opioids. The request at this time is for 5 refills or a 6-month supply of this medication. Such a request is not consistent with the monitoring recommended in the 4 A's of opioid management. This request is not medically necessary.