

Case Number:	CM14-0135509		
Date Assigned:	08/29/2014	Date of Injury:	02/10/2013
Decision Date:	10/02/2014	UR Denial Date:	08/01/2014
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 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:

The patient is a 58-year-old female who has submitted a claim for lumbar radiculopathy, left ankle pain, low back pain, left ankle sprain, major depressive disorder, and pain disorder associated with both psychological and a general medical condition associated with an industrial injury date of 2/10/2003. Medical records from 1/27/2014 up to 8/21/2014 were reviewed showing low back pain 8/10 in severity but attenuated with medications. She also complains of left ankle pain 10/10 in severity. An initial psychological evaluation done on 4/3/14 reported that the patient suffers from major depressive disorder and pain disorder associated with both psychological and a general medical condition. Cognitive behavioral psychotherapy was recommended. Psychiatric medication was deferred. On 8/5/2014, the patient was discharged from psychiatric treatment due to non-follow up. The patient indicated that the commute was too far and wished to stop seeing a psychiatrist. Physical examination of the lumbar area showed decreased and painful ROM with forward flexion and extension. There was tenderness over the lumbar spine and paraspinal muscles. Left ankle/foot examination revealed decreased ROM and tenderness over the lateral aspect of foot and around the heel. She is unable to walk on her left heel secondary to left ankle pain. She is able to walk on her toes and ambulates with a mild limp. Treatment to date has included Tramadol 50mg, Sertraline 50mg, Omeprazole 20mg, brace, TENS, Cyclobenzaprine, and Lidopro ointment. Utilization review from 8/1/2014 denied the request for Sertraline 50mg, QTY: 60, and Omeprazole 20mg, QTY: 60 and modified the request for Tramadol 50mg, QTY: 90 to 50mg #40 with no refills. Regarding Tramadol, the 4A's of opioid prescription have not been addressed. Regarding Sertraline, there is no mention within the medical record that the patient has been on a tricyclic antidepressant medication. Regarding Omeprazole, there was no mention that the patient is taking NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient has been taking Tramadol 50mg since at least 1/2014. Although she does not experience side effects from the medication, there was no documentation of pain relief, functional improvement, or urine drug screening to monitor aberrant behavior. Therefore, the request for Tramadol 50MG QTY: 90 is not medically necessary.

Sertraline 50mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

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

Decision rationale: As stated on page 16 of California MTUS Chronic Pain Medical Treatment Guidelines, Selective Serotonin Reuptake Inhibitors (SSRI) has been suggested in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. In this case, the patient has been taking sertraline since at least 6/2014. On 4/23/14, she had undergone her initial psychiatric evaluation and was diagnosed with major depressive disorder and pain disorder associated with both psychological and a general medical condition. The medical necessity for prescribing antidepressant has been established. Therefore the request for Sertraline 50MG, QTY: 60 is medically necessary.

Omeprazole 20mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

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

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, medications such as omeprazole are recommended for patients with complaints of gastritis, GERD or dyspepsia. Prophylactic use is supported by California MTUS when specific criteria are met, which include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient has been taking omeprazole 20mg since at least 1/2014. There was no documentation stating that the patient is taking any type of NSAID or is experiencing gastrointestinal symptoms from her medications. Therefore, the request for Omeprazole 20MG, QTY: 60 is not medically necessary.