

Case Number:	CM14-0150003		
Date Assigned:	09/18/2014	Date of Injury:	05/09/2005
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 57 year old patient had a date of injury on 5/9/2005. The mechanism of injury was not noted. In a progress noted dated 7/24/2014, the patient complains of increased pain, poor mood secondary to pain, and claims tramadol has helped his pain before 2012. He has continued back pain that radiates s/p surgery to lower extremities with numbness, tingling, and burning sensation. TENS is helpful, medications are helpful. On a physical exam dated 7/24/2014, there was tenderness to palpation in lumbar area, and there are abnormal reflexes. The mental status is alert and oriented. The diagnostic impression shows lumbar sprain/strain, myofascial pain, discogenic syndrome. Treatment to date: medication therapy, behavioral modification, TENS unit. A UR decision dated 9/4/2014 denied the request for dates of service 7/24/2014, Tramadol ER 150 #60, stating that there was lack of functional improvements, signed pain contract, or urine drug screens. TENS patches x4 was denied, stating objective and functional gains from prior use is not documented, and the short term/long term goals are not outlined. Topamax 50mg #60 was denied, stating no evidence of objective functional improvement supporting subjective improvement, and no documentation of failure of 1st line anti-convulsants. Omeprazole 20mg #60, stating that there was no documentation of NSAIDS use or gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG, #60: 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): 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. In the 7/24/2014 progress report, the patient notes the pain has increased, affecting mood. No objective functional improvements were noted, and there was no evidence of urine drug screens provided for review. Therefore, the request for Tramadol ER 150, #60 was not medically necessary.

TENS PATCHES X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In the 7/24/2014 progress report, there was no documentation regarding prior use benefits, how often the unit was used, and outcomes in pain relief. Therefore, the request for TENS patches x4 was not medically necessary.

TOPIRAMATE 50MG, #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the 7/24/2014 progress report, there was no documentation of failure of 1st line medication such as gabapentin to control the neuropathic symptoms. Therefore, the request for Topamax 50mg #60 was not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the 7/24/2014 progress report, there was no evidence that this patient was on an NSAID or experienced gastrointestinal events. Therefore, the request for omeprazole 20mg, #60 was not medically necessary.