

Case Number:	CM14-0151690		
Date Assigned:	09/19/2014	Date of Injury:	09/06/2001
Decision Date:	11/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational 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 72-year-old patient had an injury on 9/6/2001. The mechanism of injury was when she hurt her neck, back, shoulders, and right hand. In a progress noted dated 7/25/2014, the patient complains of cervical spine pain and lumbar spine pain, which she rates as 8/10 and 9/10. She notes pain has decreased with help of the creams. On a physical exam dated 7/25/2014, there is decreased lordosis on the cervical spine. There is moderate cervical paraspinal muscle tenderness and spasm noted on both trapezius muscles. The diagnostic impression shows cervical disc displacement, shoulder sprain, and carpal tunnel syndrome. Treatment to date includes medication therapy and behavioral modification. A UR decision dated 8/19/2014 denied the request for Tramadol ER 150mg #60, stating there was no documentation of failure of 1st line opiates, and there was no functional improvement from previous usage. Protonix 20mg #30 was denied, stating the ODG notes a trial of Prilosec or Prevacid is recommended as 1st line therapy. Urine toxicology screening was denied, stating that the last urine screen was consistent with prescribed medications, and there was no documentation of provider concerns over patient's aberrant behavior.

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 Tramadol (Ultram) Page(s): 113.

Decision rationale: The California MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criteria for opiate use per MTUS must be followed. However, in the 7/25/2014 progress report, there was no evidence of objective functional improvement noted with the opioid regimen. Furthermore, there was no documentation of failure of a 1st line oral analgesic. Therefore, the request for Tramadol 150mg ER #60 was not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with GI (gastrointestinal) disorders such as gastric/duodenal ulcers, GERD, or erosive esophagitis, or for patients utilizing chronic NSAID (non-steroidal anti-inflammatory drug) therapy. However, in the 7/25/2014 progress report, there was no evidence that this patient suffered from GI symptoms. Furthermore, it was noted that Motrin was discontinued, and it is not clear if other NSAIDs were on the treatment regimen. Therefore, the request for Protonix 20mg #30 was not medically necessary.