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| Case Number: | CM14-0165774 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 02/03/2010 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated September 26, 2014, the claims administrator partially approved a request for tramadol-acetaminophen, to be employed for p.r.n. use for acute exacerbations of severe pain. Omeprazole was denied outright while fenoprofen, an NSAID medication, was approved. The claims administrator employed the MTUS Chronic Pain Medical Treatment Guidelines in its rationale but then stated, somewhat incongruously, at the top of the report, that its decision was based on the ACOEM Guidelines. The applicant's attorney subsequently appealed. In a September 18, 2014 progress note, the applicant reported 6-7/10 low back pain, reportedly "attenuated minimally" with medications. The applicant was given refills of Prilosec, fenoprofen, and Effexor. The applicant was also asked to continue a TENS unit and a Thera Cane massager. A prescription for tramadol-acetaminophen (Ultracet) was issued while the applicant was placed off of work, on total temporary disability. It was not clearly stated whether the prescription for tramadol-acetaminophen was a first-time request for a renewal request. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. In an earlier note dated August 19, 2014, the applicant was again placed off of work, on total temporary disability, while fenoprofen, Prilosec, and Effexor were prescribed. 6/10 pain was noted. There was no mention of the applicant's using Ultracet on this occasion. The applicant was asked to discontinue Zoloft and begin Effexor. In an earlier note dated June 24, 2014, the applicant again reported 5-6/10 low back pain. The applicant was given refills of naproxen, LidoPro, tramadol, Zoloft, Prilosec, and a TENS unit on this occasion and placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL/APAP 37.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted above, the applicant was given a prescription of Tramadol on at least one prior occasion, referenced above. The request in question, thus, appeared to be a renewal request, although it is acknowledged that this is somewhat difficult to make this distinction as the attending provider did not clearly document the applicant's medication list from visit to visit. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant was off of work, on total temporary disability. The applicant himself acknowledged that his pain was "minimally attenuated" with medications, including tramadol. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing tramadol-acetaminophen usage. Therefore, the request is not medically necessary.

Omeprazole 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress notes on file contain no references or issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced, or stand-alone. Therefore, the request is not medically necessary.