

Case Number:	CM14-0170060		
Date Assigned:	10/20/2014	Date of Injury:	01/06/2009
Decision Date:	12/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54-year old female with a work injury dated 1/6/09. The diagnoses include degeneration of cervical intervertebral disc; cervical post-laminectomy syndrome; chronic pain syndrome and depressive disorder. Under consideration are requests for Ibuprofen 800mg #60 with 3 refills, Omeprazole Magnesium 20mg delayed release #30 with 3 refills; Tramadol 50 mg #30. There is a 9/9/14 progress note that states that the patient has a history that includes failed neck fusion surgery with an associated significant mood disorder. In general, she has done significantly better after going through the FRP a few years ago. She continues to work on using her tools to better self-manage her pain symptoms. She is having good days and bad days and that sometimes she experiences bouts of depression, but she uses the tools that she learned to better manage these issues. She notes that she is having more pain in her feet and hands and is working with her primary care physician on these issues. She has a long history of diabetes. She notes that she has difficulty with sleep as well. She also has a history of carpal tunnel syndrome. Her past medical history includes hypertension and diabetes mellitus. Ibuprofen, Omeprazole and Tramadol were prescribed 9/9/14. Her review of systems is significant for fatigue but reports no fever, no chills, no night sweats, no significant weight gain, no significant weight loss, and not lethargic. She reports muscle aches, muscle weakness in both hands but mostly in Right), arthralgia/joint pain with internal rotation of the shoulder, right elbow, right hand fingers), and swelling in the extremities in the hand and sometimes both feet). She reports numbness (In both hands and both feet) and frequent or severe headaches. She reports depression, sleep disturbances, restless sleep, and anxiety. She is out of all meds. Will have a hard time grabbing and holding onto things with right hand. On exam her blood pressure is 154/92. There appeared to be an increase in numbness of the middle fingers of the right hand extending into the forearm

possibly suggesting a progression of carpal tunnel syndrome. The discussion states that she was encouraged to continue with a home exercise program and utilizing her general self-management tools and skills. She has been on a stable medication regimen of ibuprofen, Tramadol, and Omeprazole. She uses these medications appropriately and judiciously, and they were refilled on her behalf today. Her status, otherwise, remains stable. She will follow up with her primary care physician about possible issues of diabetic neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72, 67-70.

Decision rationale: Ibuprofen 800mg #60 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Doses greater than 400 mg have not provided greater relief of pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension and can cause fluid retention, edema, and rarely, congestive heart failure. The MTUS Guidelines also state that for chronic low back pain: NSAIDs are recommended as an option for short-term symptomatic relief. The documentation is not clear on how long the patient has been on Ibuprofen and what functional benefit it has provided. The patient also has a history of elevated blood pressure which can be exacerbated with NSAIDs. The request for Ibuprofen 800mg is not medically necessary.

Omeprazole Magnesium 20mg delayed release #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole Magnesium 20mg delayed release #30 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and it was deemed that Ibuprofen was not medically necessary therefore the request for Omeprazole is not medically necessary.

Tramadol 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Tramadol 50 mg #30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not indicate evidence of the above criteria including evidence of functional improvement on Tramadol. The request for Tramadol is not medically necessary.