

Case Number:	CM14-0174447		
Date Assigned:	10/27/2014	Date of Injury:	10/19/1990
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 77 year-old patient sustained an injury on 10/19/1990 while employed by [REDACTED]. Request(s) under consideration include Tramadol HCL 50mg #30 x 2 refills, GNP Masanti Maximum Strength #30 x 3 refills, and Zantac 150mg #60 x 3 refills. Diagnoses include Cervicobrachial Syndrome. Diagnoses include chronic pain syndrome, left cervical radiculopathy, and failed neck surgery syndrome. Report of 9/19/14 from the provider noted the patient with chronic ongoing cervical pain with weakness in left upper extremity; and constipation. Medications list Tramadol, Cyclobenzaprine, Zantac, Celebrex, Voltaren gel, Masanti, Lisinopril, fish oil caps, and Caltrate. Pain medications reduce symptoms by 50%. Exam showed no acute distress, scar over anterior cervical area, tightness and spasm, decreased cervical range; negative Spurling's and Hoffman's, normal thoracic spine, diffuse decreased sensation in left C5, C6, and C7 dermatomes with decreased reflexes. The request(s) for Tramadol HCL 50mg #30 x 2 refills was modified for #30 without refill, GNP Masanti Maximum Strength #30 x 3 refills, and Zantac 150mg #60 x 3 refills were non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg, #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Tramadol HCL 50mg, #30 with 2 refills is not medically necessary and appropriate.

GNP Masanti Maximum Strength #30, with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal Reflux Disease (GERD), 2012 May, page 12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Masanti suspension is an antacid medication used in the treatment of the indigestion, heartburn, and sour stomach symptoms for problems associated with stomach ulcers, esophagitis, hiatal hernia with esophagus inflammation from acid reflux and stress-related GI bleeding. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Masanti namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The GNP Masanti Maximum Strength #30 with 3 refills is not medically necessary and appropriate.

Zantac 150mg, #60 with 3 refills: 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 and Cardiovascular risk Page(s): 68-69.

Decision rationale: Zantac medication is for treatment of the problems associated with active gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases such as Zollinger-Ellison syndrome and systemic mastocytosis. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Zantac namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Zantac 150mg, #60 with 3 refills is not medically necessary and appropriate.