

Case Number:	CM14-0177173		
Date Assigned:	11/14/2014	Date of Injury:	02/14/2014
Decision Date:	12/30/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency 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:

Patient with reported date of injury on 2/14/2014. Mechanism of injury is described as from a motor vehicle collision. Patient has a diagnosis of cervical sprain/strain and lumbar radiculopathy. Patient has had a reported history of gastric sleeve surgery. Medical reports reviewed. Last report available until 9/3/14. Patient complains of neck pain 6/10 and low back pain 7/10. Pain is dull and numb. Pain improves with pain medications. Objective exam reveals decreased range of motion in neck and low back. Diffuse paraspinal tenderness to neck and low back. Spasms noted on trapezeii. Spurling's positive. Kemp positive .MRI of lumbar spine (5/15/14) reported multi-level facet joint degenerative changes. Current medications include Tramadol, Naproxen, Norflex and Omeprazole. Independent Medical Review is for Tramadol 50mg #60, Norflex 100mg #90 and Omeprazole 20mg #60. Prior UR on 9/18/14 recommended non-certification. Naproxen was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76.

Decision rationale: Ultram or Tramadol is an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is documented no objective improvement in pain or activity of daily living as per MTUS criteria. Tramadol is not medically necessary.

Norflex 100mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use if very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects.Pt appears to be on this chronically. However, there is no documentation of improvement in muscle spasms. Norflex is not recommended. Norflex is not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: There is no documentation provided as to why prilosec was requested. Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient has had a history of gastric sleeve surgery and is currently on Naproxen, an NSAID. Patient's with gastric sleeve have an increased risk of stomach ulcers and bleed. Patient also has documentation of dyspepsia in prior progress notes. Omeprazole is medically necessary.