

Case Number:	CM14-0178685		
Date Assigned:	11/03/2014	Date of Injury:	06/11/2012
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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:

The underlying date of injury in this case is 06/11/2012. The date of the utilization review under appeal is 10/02/2014. This injured worker was seen on 09/16/2014 in primary treating physician follow-up with diagnoses include a cervical sprain, thoracic sprain, lumbar sprain, and history of right shoulder surgery. That form is handwritten or in check-box form with very limited detail. On physical examination the injured worker apparently was tender on the right lateral shoulder and the right hip with intact sensation, although it is difficult to interpret this form in its entirety. Currently a treatment request is under review regarding Prilosec and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 MG #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss in detail the four A's of opioid management. The available medical records at this time are very limited and

do meet these four A's of opioid management. This request for Ultram is not medically necessary.

Prilosec 2 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, recommend that the clinician should determine if the patient is at risk for gastrointestinal events. The available medical records at this time are very limited and do not document a rationale or indication for Prilosec or gastrointestinal prophylaxis overall. This request is not medically necessary.