MAXIMUS Federal Services

Case Number:	CM14-0182551		
Date Assigned:	11/07/2014	Date of Injury:	12/29/2010
Decision Date:	12/26/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 low back pain reportedly associated with an industrial injury of December 29, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; unspecified amounts of physical therapy over the course of the claim; earlier cervical fusion surgery; and the apparent imposition of permanent work restrictions.In a Utilization Review Report dated October 28, 2014, the claims administrator approved a request for Relafen, partially approved a request for tramadol, and partially approved a request for Prilosec, apparently dispensed on September 24, 2014. The claims administrator did reference the September 24, 2014 progress note in its denial. The applicant was described as reporting ongoing complaints of low back pain radiating to the left leg. The applicant was using Prilosec for issues with reflux and gastritis; it was stated in the claims administrator's description of the clinical progress note. The claims administrator stated that it was conditionally approving/ partially approving what it deemed to be a one-month supply of Prilosec. The Claims Administrator stated that its partial approval of tramadol/Ultracet represented a weaning supply of the same on the grounds that the applicant had failed to respond favorably to the same. The applicant's attorney subsequently appealed.In a September 24, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was using a combination of Relafen and Prilosec. It was stated that the applicant was using Prilosec to attenuate symptoms of Relafen-induced reflux. The applicant was also using Neurontin for neuropathic pain, it was acknowledged. It was suggested that the applicant's neck and back pain complaints were controlled with the current medication regimen. This was not elaborated or expounded upon, however. The attending provider stated that he was considering epidural steroid injection therapy. Permanent work restrictions were renewed. It was not stated whether the

applicant was or was not working with said limitations in place.In an earlier note dated June 26, 2014, the applicant again reported ongoing complaints of neck and low back pain. The applicant posited that ongoing usage of Relafen plus Prilosec, Neurontin, occasional tramadol for breakthrough pain, and occasional Flexeril and topical compounds was controlling the applicant's pain complaints. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 9/24/14) Tramadol (Ultrace) 37.5/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 and 113.

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

Decision rationale: 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, however, the applicant's work status has not been clearly stated. The applicant does not; however, appear to be working with permanent work restrictions in place. While the attending provider has suggested on several occasions that the applicant's pain complaints have been appropriately attenuated with ongoing medication usage, including ongoing Ultracet usage, the attending provider has failed to outline any quantifiable decrements to pain or material improvements in function achieved as a result of the same. This coupled with the fact that the applicant has seemingly failed to return to work, did not make a compelling case for continuation of Ultracet. Therefore, the request is not medically necessary.

Retrospective (DOS 9/24/14) Omeprazole (Prilosec) 20mg #120: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. The attending provider's commentary did, furthermore, suggest that ongoing usage of Prilosec had effectively attenuated issues with Relafen-induced dyspepsia. Continuing the same, on balance, was/is indicated. Therefore, the request is medically necessary.