

Case Number:	CM14-0025203		
Date Assigned:	06/11/2014	Date of Injury:	08/03/2010
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 52 year old female who sustained an injury on 08/03/10. The mechanism of injury was not identified in the clinical records provided for review. The injured worker was followed for ongoing complaints of chronic neck pain and low back pain and pain in the knees. The injured worker was being followed by treating physician for pain management. The clinical record on 12/13/13 noted ongoing complaints of bilateral knee pain and neck pain and low back pain ranging from 7-8/10 on the Visual Analogue Scale (VAS). The injured worker also reported complaints of right elbow pain. On physical examination there was tenderness to palpation in the right trapezii with limited range of motion in the cervical spine. Tenderness was noted in the bilateral lateral epicondyles. Range of motion was good in the bilateral shoulders. Tenderness to palpation and loss of lumbar range of motion were noted. There was no sensory loss or reflex change identified. There was some tenderness in the right knee at the infrapatellar bursa. No substantial loss of range of motion in either knee was identified. No evidence of instability was identified. The injured worker was recommended to continue with tramadol 50mg twice daily at this visit. Other medications prescribed included Gabapentin 100mg twice daily and Zantac 150mg twice daily for stomach protection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL-50MG 1 BY MOUTH TWICE A DAY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: There was limited clinical documentation establishing any ongoing efficacy with the use of tramadol that would have supported its continued use at the requested amount. The MTUS Chronic Pain Guidelines recommend that there be ongoing assessments identifying functional improvement and pain reduction obtained with analgesics such as tramadol. As such, the request is not medically necessary and appropriate.

ZANTAC-150MG-1 BY MOUTH TWICE A DAY #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Zantac. (2013) Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Zantac 150mg quantity 60, this medication is utilized to address symptoms secondary to ulcers in either the stomach or intestines. It is also utilized to treat gastroesophageal reflux disease or other conditions such as gastritis. In the clinical documentation submitted for review there are no clear indications for the use of this medication. This medication was simply prescribed as a prophylactic. Given the absence of any clinical indication for the use of Zantac, this request is not medically necessary.