

Case Number:	CM14-0027260		
Date Assigned:	06/16/2014	Date of Injury:	08/17/2007
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with an 8/17/07 date of injury. At the time (1/20/14) of request for authorization for retrospective review medications Tramadol 50m#200 (date of service 1/20/2014) and retrospective review medications Omeprazole 20 mg #60 (date of service 1/20/2014), there is documentation of subjective findings of right knee pain and low back pain with bilateral leg numbness and objective findings of diminished sensation on anterior and posterior thighs bilaterally. The current diagnoses are recurrent dislocation, right patella; internal derangement, right knee; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; disc protrusions at L5-S1, L3-4, L4-5 and L2-3. The treatment to date is Tramadol, Hydrocodone/APAP, and Omeprazole. Regarding Tramadol, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; of moderate to severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Omeprazole, there is no documentation that the patient has risk for gastrointestinal event such as age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW MEDICATIONS TRAMADOL 50M#200 (DATE OF SERVICE1/20/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-80; 113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of recurrent dislocation, right patella; internal derangement, right knee; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; and disc protrusions at L5-S1, L3-4, L4-5 and L2-3. In addition, there is documentation of ongoing treatment with Tramadol and Tramadol used as a second-line treatment. However, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of moderate to severe pain. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #200 is not medically necessary.

RETROSPECTIVE REVIEW MEDICATIONS OMEPRAZOLE 20 MG #60 (DATE OF SERVICE1/20/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors

(PPIs).

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnosis of recurrent dislocation, right patella; internal derangement, right knee; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; and disc protrusions at L5-S1, L3-4, L4-5 and L2-3. In addition, there is documentation of ongoing treatment with Omeprazole. However, there is no documentation that the patient has risk for gastrointestinal event such as age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg #60 is not medically necessary.