

Case Number:	CM14-0034941		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2011
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Illinois. 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 58-year-old male who reported an injury on 08/29/2011. The mechanism of injury was not provided for review. The injured worker's chronic pain was managed with medications to include Prilosec and tramadol. The injured worker was evaluated on 01/23/2014. It was noted that the injured worker had severe low back pain radiating into the lower extremity. It was noted that the injured worker was taking Prilosec once a day to protect the stomach. Physical findings included restricted range of motion secondary to pain and a positive straight leg raising test bilaterally. It was noted that the injured worker had absent knee and ankle reflexes bilaterally with decreased sensation in the L4 distributions. The injured worker's diagnoses included severe lumbar spinal stenosis at the L4-5 bilaterally, bilateral radiculopathy of the lower extremities, severe foot drop, status post right ankle sprain/strain, resolved, anxiety and depression, and insomnia. The request was made for Prilosec 20 mg #90 and tramadol extended release 150 mg #60 and gabapentin 300 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #90 is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends gastrointestinal protectants for patients who are at significant risk for gastrointestinal disturbances related to medication usage. The clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing gastrointestinal related complaints due to the use of medication. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such the requested Prilosec 20 mg #90 is not medically necessary or appropriate.

Tramadol ER 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested tramadol extended release 150 mg #60 is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence a quantitative assessment of pain relief or documented functional benefit related to medication usage. Additionally, there is no documentation that the injured worker is evaluated for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as is it submitted does not provide a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested tramadol extended release 150 mg #60 is not medically necessary or appropriate.