

Case Number:	CM14-0036346		
Date Assigned:	06/25/2014	Date of Injury:	03/22/2004
Decision Date:	08/11/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 knee and low back pain reportedly associated with an industrial injury of March 22, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior knee surgeries; transfer of care to and from various providers in various specialties; attorney representations; and reported return to work. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for omeprazole, Naprosyn, and tramadol, stating that the attending provider did not furnish any progress notes to support the request for any of the medications in question. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2014, the applicant was described as using Naprosyn, omeprazole, tramadol, and cyclobenzaprine on an as-needed basis. The applicant was reportedly working at [REDACTED], despite ongoing complaints of low back and knee pain. The applicant reported 4-5/10 pain without medications and 3-4/10 with medications. The applicant was asked to continue usage of a knee brace. Naprosyn, omeprazole, cyclobenzaprine, tramadol, and Lidoderm patches were apparently endorsed. The applicant was apparently returned to her usual and customary work as a new business clerk at the [REDACTED]. It was stated that the applicant was using each of the medications in question relatively infrequently. The attending provider suggested that the applicant was using omeprazole for gastric protection purposes. The applicant was 48 years old, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68.

Decision rationale: The attending provider has indicated that he intends to employ Omeprazole for gastric protective purposes. However, the applicant did not meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitor. Specifically, the applicant is less than 65 years of age (age 48). The applicant is only using one NSAID, Naprosyn. The applicant has no clearly stated history of GI bleeding or peptic ulcer disease. The applicant does not have any actual symptoms of reflux. The applicant is not using NSAIDs in conjunction with corticosteroids. Therefore, the request for Omeprazole is not medically necessary.

NAPROXEN SODIUM 550MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, as suggested by the attending provider, the applicant has demonstrated medication efficacy and functional improvement with ongoing usage of Naprosyn as evinced by her successful return to and/or maintenance of regular duty work status at the [REDACTED]. Therefore, the request for Naprosyn is medically necessary.

TRAMADOL HCL 50MG #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 includes evidences of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, the applicant has seemingly met these criteria. The applicant has returned to full time, regular duty work. The applicant is reporting appropriate analgesia and improved

performance of activities of daily living with ongoing tramadol usage, it has been stated. Therefore, the request is medically necessary.