MAXIMUS Federal Services

Case Number:	CM14-0037168		
Date Assigned:	06/25/2014	Date of Injury:	02/28/2006
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 64 year old male who has reported to have sustained work-related injuries on 02/28/06. The mechanism of injury is not described. The records indicate that the injured worker has had multiple prior work injuries. It is reported that he has complaints of injuries to the right shoulder, arm, neck, left leg and back. The records indicate that he has current complaints involving his neck and low back. There are reports of gastritis and GERD. A review of the serial records note that the injured worker has chronically been maintained on Nizatidine 150mg and Omeprazole 20mg. Diagnostic studies have identified multi-level cervical and lumbar degenerative disc disease. Electrodiagnostic studies (EMG/NCV) note a left S1 radiculopathy. The record contains several urine drug screens which all have been inconsistent with the reported prescribed medications. Most recent urine drug screen (UDS) 04/29/14 was positive for hydrocodone and hydromorphone per the UDS these medications were not prescribed. The records contain a utilization review determination 03/17/14 in which requests for Nizatidine 150mg #180, Omeprazole 20mg #180 and Tramadol HCL #90 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150MG #180: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Nizatidine 150MG #180 is recommended as medically necessary based on Official Disability Guidelines. The submitted clinical records indicate that the injured worker had been chronically maintained on oral medications. The record clearly establishes over a 2-3 year period that the injured worker has had medication-induced gastritis and has a history of GERD for which this medication would be appropriate.

Omeprazole 20MG #180: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for Omeprazole 20mg #180 is recommended as medically necessary based on Official Disability Guidelines. The submitted clinical records indicate that the injured worker is currently maintained on oral medications. He is noted to have a history of gastritis and GERD and as such would require the continued use of this medication to treat the side effects of his medications.

Tramadol HCL #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol HCL #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with reported work-related injuries. The serial records provide absolutely no such data to establish the efficacy of this medication. There are no serial visual analog scale scores. There is no indication of assigned pain management contract. The serial urine drug screen (UDS) are noted to be inconsistent and therefore violating a pain management contract. Therefore, noting that the efficacy of the medication cannot be established and inconsistencies in urine drug screening the continued use of this medication would not be supported under Chronic Pain Medical Treatment Guidelines.