

Case Number:	CM14-0038615		
Date Assigned:	06/27/2014	Date of Injury:	04/19/2002
Decision Date:	08/06/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 19, 2002. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; a cane; opioid therapy; and epidural steroid injection therapy. In a utilization review report dated March 17, 2014, the claims administrator retrospectively denied a request for omeprazole and tramadol. The injured worker's attorney subsequently appealed. A June 3, 2014 progress note is notable for comments that the injured worker reported persistent low back pain radiating to the bilateral legs. The injured worker's work status is not provided. Norco, Duexis, and physical therapy were endorsed. The injured worker was described as having difficulty with even basic activities such as standing and walking. The injured worker was using a cane to move about. On April 1, 2014, the injured worker underwent genetic testing for chronic pain. On April 3, 2014, the injured worker was described as permanent and stationary with ongoing issues associated with chronic low back pain. A Toradol injection was furnished. In a pain management note dated February 19, 2014, the injured worker was given a prescription for Norco, seemingly for the first time. The injured worker's past medical history is notable for hypertension and diabetes. There was no mention of issues of reflux, heartburn, and/or dyspepsia raised on this occasion. In an April 1, 2014 progress note, the injured worker was described as severely obese, off of work, depressed, pending a pain management program, had a BMI of 57, and was described as having severe complaints of reflux, particularly worse at night. The injured worker was placed off of work on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for pharmacy purchase of Omeprazole 20 mg #90 DOS (2/18/14):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors such as Omeprazole are indicated in the treatment of reflux, heartburn, and/or dyspepsia, caused by nonsteroidal anti-inflammatory drugs or in part as a result of severe obesity with BMI in the 57 range. Therefore, the request is medically necessary.

Retrospective review for pharmacy purchase of Tramadol 150 mg #60 DOS (2/18/14):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Chronic Pain Medical Treatment Guidelines state the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is seemingly off of work with permanent limitations in place. There has been no discussion of any improvements in pain or function achieved as a result of ongoing opioid therapy with Tramadol. Therefore, the request is not medically necessary.