

Case Number:	CM14-0038890		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2008
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 62-year-old male was reportedly injured on May 25, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 20, 2013, indicated that there were ongoing complaints of low back pain. Current medications include gabapentin, Lidoderm patches, naproxen, Norco, nortriptyline, omeprazole, prednisone, tizanidine, and tramadol. The physical examination demonstrated an antalgic gait and ambulation with the use of two crutches. No tenderness was noted over the lumbar spine. There was decreased lumbar spine range of motion. Lower extremity neurological examination noted muscle strength of 4/5 in the lower extremities. Diagnostic imaging studies were not reviewed during this visit. A request had been made for omeprazole and tramadol and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a GI disorder. Additionally, the claimant did not have a significant risk factor for potential GI complications as outlined by the MTUS. Therefore, this request for Omeprazole is not medically necessary.

TRAMADOL HCL 50MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82,113 of 127.

Decision rationale: The California MTUS Treatment Guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. According to the most recent progress note dated November 30, 2013, tramadol is stated to help with the injured employee's pain and increase his ability to function and progress through therapy. Considering this, this request for Tramadol is medically necessary.