

Case Number:	CM14-0039404		
Date Assigned:	06/27/2014	Date of Injury:	06/07/2007
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 60 year-old male was reportedly injured on 6/7/2007. The mechanism of injury is noted as low back injury while employed as the energy technician. The most recent progress note dated 12/27/2013 was handwritten and barely legible; indicates that there are ongoing complaints of back pain. Physical examination demonstrated painful range of motion of the lumbar spine spasm. Medications include Ultram 50 mg, Zanaflex 4 mg, and Neurontin 300 mg. A request had been made Omeprazole 20 mg #240 (DOS 1/28/2014) and Tramadol ER 150 mg #120 (DOS 1/28/2014) which were not certified in the utilization review on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Meds: Omeprazole 20 mg #240 DOS 1/28/2014: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines support proton pump inhibitors (Omeprazole) for patients taking NSAID's with documented GI distress symptoms. Review of

the available medical records fail to include a progress note from 1/28/2014. The last progress note was handwritten and barely legible; however, it does not mention the medical necessity for a GI protective medication. As such, this request is not considered medically necessary.

Retro Meds Tramadol ER 150 mg, #120 DOS 1/28/2014:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The maximum dose of Tramadol ER is 300 mg/day. Given the amount prescribed and lack of clinical documentation of improvement in pain or function with this medication, the request is not considered medically necessary.