

Case Number:	CM14-0040466		
Date Assigned:	06/27/2014	Date of Injury:	02/23/2006
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 41-year-old male who reported date of injury on 02/23/2006. The injury reportedly occurred when the backhoe jumped and slammed down. His diagnoses were noted to include lumbar discogenic and bilateral lower extremity pain, bilateral foraminal stenosis, disc herniations at L4-5, L5-S1, annular tear at L5-S1, disc herniations at L5-S1, and right S1 radiculopathy. His previous treatments were noted to include physical therapy, medications, and epidural steroid injection. The progress note dated 02/13/2014 revealed the injured worker continued to have low back and bilateral lower extremity pain. The injured worker was working full time and exercising. The injured worker reported he developed gastrointestinal upset from the Prilosec and the gabapentin significantly helped his lower leg pain about greater than 30% but the epidural really helped. The physical examination revealed that the injured worker was unable to walk on heels and toes secondary to pain. The peen revealed strength of the lower extremities was not too bad. The progress note dated 03/13/2014 revealed the injured worker complained of low back pain with radiating symptoms down both lower extremities. The injured worker reported the Percocet was the only thing that helped for his pain. The injured worker stated his average pain was constantly throughout the day rated 8/10. The physical examination revealed the injured worker was ambulating slightly slowly favoring his low back and appeared to be uncomfortable. The provider indicated the injured worker was working full time without medications and was interacting with the family and exercising. The provider indicated the injured worker was figuring out how to overcome the discomfort on his own. His medication regimen was noted to include Colace 100 mg by mouth 3 to 4 a day, Ultracet 37.5/325 mg 2 to 4 a day, Prilosec 20 mg twice a day, Neurontin 800 mg by mouth 3 times a day, Lyrica 50 mg 1 twice a day, and Percocet 10/325 mg 5 times a day. The Request for Authorization form was not

submitted within the medical records. The request was for Prilosec 20 mg Quantity 30 (Retro-Review, Dispensed On 2/13/14) for gastrointestinal upset from the Percocet, and Tramadol Er 150 mg by oral two times per day Quantity 60 (Retro-Review, Dispensed On 2/13/14) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 (Retro-Review, Dispensed On 2/13/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, NSAIDs ,GI Symptoms &Cardiovascular ,Proton pump Inhibitors,Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

Decision rationale: The request for Prilosec 20 mg Quantity 30 (Retro-Review, Dispensed On 2/13/14) is non-certified. The injured worker indicated the Prilosec upset his stomach. The California Chronic Pain Medical Treatment Guidelines state physicians are to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs. The injured worker indicated the Prilosec upset his stomach which negates the medical necessity of Prilosec. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Prilosec 20 mg Quantity 30 is not medically necessary.

Tramadol Er 150mg by oral two times per day #60 (Retro-Review, Dispensed On 2/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol Er 150 mg by oral two times per day 60 (Retro-Review, Dispensed On 2/13/14) is non-certified. The injured worker revealed the medications were not helping his pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation of decreased pain on a numerical scale with the use of tramadol; in fact, the injured worker reported the only medication that helped was Percocet. There is a lack of documentation regarding improved functional status and side effects. The documentation

provided indicated a urine drug screen performed on 01/02/2014 revealed the injured worker had an inconsistent urine drug screen with positive results of opiates, cocaine and alcohol. Therefore, due to the lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications, improved functional status, side effects, and an inconsistent urine drug screen, the ongoing use of opioid medications is not supported by the Guidelines. As such, the request for Tramadol Er 150 mg by oral two times per day Quantity 60 is not medically necessary.