

Case Number:	CM14-0041964		
Date Assigned:	06/30/2014	Date of Injury:	09/25/2011
Decision Date:	08/15/2014	UR Denial Date:	04/04/2014
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 Orthopedic Surgeon and is licensed to practice in Arizona. 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:

This 28-year-old female sustained a work-related injury on September 26, 2011. She was working as a security guide and was pulling on a freight elevator door that was stuck and immediately developed pain in her neck and right shoulder. She also complained of numbness in her neck, right shoulder and right upper extremity. Following this she also noted pain in her mid and lower back. She was initially treated with physical therapy and had acupuncture later on. She has had no injections in her shoulder since she says her pain medication is sufficient. She also complains of feelings of depression, fear, crying spells as a result of a diminished physical capacity. She has been taking tramadol for a number of years as well as NSAIDs and omeprazole. Request is made to continue the tramadol and the omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150MG #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; Anti-inflammatory medications and pages 80-82 Opioids for Chronic Pain Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter Opioids and opioid criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid aids Page(s): 76-96.

Decision rationale: This patient has a history of chronic axial and peripheral pain for which she has been taking tramadol routinely for several years. There is no documentation that the ongoing management criteria recommended by the chronic pain guidelines is being followed. There is no documentation of the effects of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug-related behavior. There are no drug screens available in the chart. There is no documentation of whether there has been any misuse of medication. There is no continuing review of the overall situation with regards to non-opioid means of pain control. There is no documentation of overall functional improvement with the use of tramadol. Until the criteria for ongoing management of opioids have been instituted, the medical necessity for continuing the use of tramadol has not been established. Therefore, the request is not medically necessary.

Omeprazole 20mg #30.: 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 NSAIDs GI symptoms Page(s): 68-69.

Decision rationale: Omeprazole is recommended for patients who are at intermediate or high risk for gastrointestinal events. Omeprazole is recommended for patients who are at intermediate or high risk for gastrointestinal events while taking NSAIDs. The risk factors include: Age greater than 65, history of peptic ulcers, concurrent use of aspirin or corticosteroids, or high-dose NSAIDs. There is no documentation that the patient has any of these risk factors. It appears that the patient was placed on omeprazole as a routine measure without identifying her risk for gastrointestinal events. The medical necessity for the continued use of omeprazole has not been established. Therefore, the request is not medically necessary. While taking NSAIDs. The risk factors include: Age greater than 65, history of peptic ulcers, concurrent use of aspirin or corticosteroids, or high-dose NSAIDs. There is no documentation that the patient has any of these risk factors. It appears that the patient was placed on omeprazole as a routine measure without identifying her risk for gastrointestinal events. Therefore, the medical necessity for the continued use of omeprazole has not been established.