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| Case Number: | CM14-0042889 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 01/05/2006 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36 year old patient had a date of injury on 1/5/2006. the mechanism of injury was not noted. on a physical exam dated 3/6/2014, the patient's subjective and objective notes were illegible. On a progress note dated 12/19/2013, the diagnostic impression showed chronic low back pain with 4mm disc protrusion L4-L5 and 3-4 mm disc protrusion L5-S1, left ankle/foot pain, depression, anxiety, and difficulty sleeping. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/14/2014 denied the request for Tramadol 50mg #120, and Norco 10/325 #60, and Zaleplon 10mg #60, stating that ongoing complaints unchanged over time, and no clear note of efficacy of this medication with review of records available. Omeprazole 20mg #60 was denied, stating no documentation of any increased risk for GI events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-8, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. Furthermore, In the reports viewed, there was no documented functional improvement noted from opioid regimen. Therefore, the request for tramadol 50mg #120 was not medically necessary.

Norco 10/325mg #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-8, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no documented functional improvement noted from use of the patients opioid regimen. Furthermore, there was no evidence of CURES monitoring, pain contract, or urine drug screens. Therefore, the request for norco 10/325 #60 was not medically necessary.

Zalophen 10mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter.

Decision rationale: ODG states that short-term use of Sonata (7-10 days) is indicated to reduce sleep latency with a controlled trial showing effectiveness for up to 5 weeks. In the reports viewed, the patient received a prescription for Sonata #60 1hs, which is far beyond the time guidelines recommend for use. There was rationale provided to justify this length of regimen. Therefore, the request for Sonata 10mg #60 is not medically necessary.

Omeprazole 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the reports viewed, no documentation exists that suggest the patient being at high risk for gastrointestinal events. Furthermore, it was not shown that the patient used NSAIDs. Therefore, the request for Prilosec 20mg #60 is not medically necessary.