

Case Number:	CM14-0048838		
Date Assigned:	06/25/2014	Date of Injury:	09/02/2010
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 60 year-old female. The patient's date of injury is 9/2/2010. The mechanism of injury is not clearly stated in the medical records. The patient has been diagnosed with cervical neck pain, depression, anxiety, adjustment disorder, headaches and insomnia. The patient's treatments have included physical therapy, psychiatric evaluations and medications. The physical exam findings, dated 1/28/2014 showed the patient to have tenderness in the paraspinal cervical muscles bilaterally. Cervical flexion was noted to be 40 degrees and extension noted at 30 degrees. There was also tenderness noted along the trapezius and shoulder girdle bilaterally. The records also state that she takes the Protonix for upset stomach and history of gastritis secondary to the use of NSAIDs. The patient's medications have included, but are not limited to, Protonix, Mirtazapine, Tramadol, Protonix, Naproxen and Gabapentin. Tramadol and Protonix were prescribed to the patient on Jan 28, 2014, but there are requests for this medication as early as 8/26/2013. There is lack of documentation that states the outcomes/results of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 TABLETS, # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/OPIOIDS Page(s): 88, 89, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Tramadol, Opioids, criteria for use Page(s): 93, 94, 74-79.

Decision rationale: The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, there is lack of documentation for activities of daily living, adverse side effects, and aberrant drug usage. There is no documented functional improvement or other outcomes for the patient on this medication. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is not indicated a medical necessity to the patient at this time.

PROTONIX 20 MG TABLETS, # 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. According to MTUS guidelines, increased risk is defined as: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient meets these criteria. The use of Protonix, as stated in the above request, is determined to be a medical necessity at this time.