

Case Number:	CM14-0050659		
Date Assigned:	06/25/2014	Date of Injury:	12/23/1999
Decision Date:	07/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Practice and is licensed to practice in California. 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 52 yr. old male claimant sustained a work injury on 12/23/99 involving the neck and shoulders. He had cervical disc degeneration and underwent decompression of a large herniation. He had been on Tramadol 50 mg twice daily for pain and Omeprazole 20 mg daily for gastritis for over 6 months. A progress note on 2/18/14 indicated the claimant had continued pain with limited range of motion of the cervical spine and right shoulder impingement symptoms. He was continued on the above pain medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.

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

Decision rationale: Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). In this case, the claimant had been on Tramadol for long-term without documentation of failed treatment of non-steroidal anti-

inflammatory drugs (NSAIDs) or Tylenol. In addition, its use is not supported for Cervicogenic headaches. Therefore the request for Tramadol is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS University of Michigan Health System, Gastroesophageal Reflux Disease (GERD), Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p, [11 references].

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

Decision rationale: According to the MTUS guidelines, Prilosec (Omeprazole) is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of gastrointestinal (GI) events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant is not taking NSAIDs. Therefore, the continued use of Omeprazole is not medically necessary.