

Case Number:	CM14-0052573		
Date Assigned:	07/07/2014	Date of Injury:	05/20/2009
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine and is licensed to practice in Hawaii & 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:

This patient is a 59 year old female employee with date of injury of 5/20/2009. A review of the medical records indicate that the patient is undergoing treatment for cervical strain, bilateral upper extremity radiculitis, lumbar strain, bilateral lower extremity radiculitis, and depression. Subjective complaints (3/12/2014) include "significant pain with no change to her pain pattern or symptoms. Objective findings (3/12/2014) include no tenderness over cervical paraspinal muscles, diminished sensation down left arm, tenderness with range of motion movements of cervical neck, normal deep tendon reflexes of upper extremities, positive SI joint tenderness of lumbar spine, positive straight leg test (left side), and positive medial joint line tenderness of right knee. Imaging has included MRI lumbar on 12/16/2009, MRI cervical 12/16/2009, RFA 3/25/2014. Treatment has included tramadol, declofenac, omeprazole, wellbutrin, and cyclobenzaprine. The utilization review dated 4/1/2014 non-certified prescriptions for Tramadol ER 150mg #30 due to lack of documented failure of first line treatment and documented improvement from prior tramadol use and non-certified Omeprazole 20mg #60 due to lack of documented GI distress symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123.

Decision rationale: MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Medical record indicate that the patient has been on tramadol since at least 11/2013 and there does not appear to have been goal setting noted in the records. Additionally, the treating physician does not document what non-opioid analgesics were tried and failed before the initiation of Tramadol. As such, the request for Tramadol ER 150mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #60is not medically necessary.