

Case Number:	CM14-0060589		
Date Assigned:	07/09/2014	Date of Injury:	04/24/2000
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 is a 60 year-old patient with a 4/24/2000 date of injury. The mechanism of injury was not described. On a office visit dated 3/27/2014 the patient complained of lower back pain which he rated as 6-7/10 on the visual analog scale pain scale. The patient stated that the pain had remained the same since his last visit. He stated that taking the Ultram, Omeprazole, and using creams helped with his pain. He also stated that he tolerated them well. On this visit the patient presented with normal lordosis and alignment, diffuse tenderness in the lumbar paraspinous muscles, and moderate to severe facet tenderness noted with right sacroiliac joint tenderness. The diagnostic impression is spondylosis per magnetic resonance imaging (MRI), lumbar sprain/strain, lumbar facet syndrome, lumbar disc disease, and disc bulges at L2-S1 with facet asthrosis. Treatment to date: medication management, urine drug screens to ensure compliance, and an interferential unit for home use. A UR decision dated 4/17/2014 denied the request for Tramadol 50mg because the California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Tramadol as a first-line analgesic. The request for Prilosec (omeprazole) 20mg was denied because the patient did not satisfy the California MTUS guidelines for proton pump inhibitor use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramdol 50mg #180, 6 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Tramadol Page(s): 113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. The results of a urine drug screen on 3/27/2014 showed positive for Tramadol and also positive for marijuana. There is no discussion in the treatment plan as to the patients' use of marijuana. On an earlier drug screen dated 9/4/2013 the patient tested positive for marijuana also, but results for Tramadol were cancelled. The use of opioid analgesics requires documentation of functional improvement or continued analgesia from the current medication regimen. There is no evidence of aberrant behavior or no discussion of CURES monitoring. Therefore, the request for Tramadol 50mg #180, 6 month supply is not medically necessary.

Prilosec 20mg #60, 6 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition, Pain Chapter.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the food and Drug Administration (FDA) support proton pump inhibitors in the treatment of patients with Gastrointestinal (GI) disorders such as; gastric/duodenal ulcers, Gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic Non-steroidal anti-inflammatory drug (NSAID) therapy. Omeprazole is a proton pump inhibitor, proton-pump inhibitors (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. There is no documentation of any GI risk factors, or presenting symptoms of GERD in the 3/27/2014 examination. The only GI complaint was constipation. The patient is not documented as using any NSAID currently. Both the diagnosis of GERD and the use of NSAIDS are in the guidelines for proton pump inhibitor use. Prilosec is a proton pump inhibitor. Therefore, the request for Prilosec 20mg #60, 6 month supply is not medically necessary.