

Case Number:	CM14-0063261		
Date Assigned:	07/11/2014	Date of Injury:	04/03/2007
Decision Date:	12/31/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 56 year old female with an injury date of 04/03/07. The 12/18/13 Secondary treating physician's progress report states that the patient presents with acid reflux, sleep quality, hypertension and constipation. Examination reveals the patient is unable to visualize fundus upon examination and the treater states that orthopedic complaints have been deferred to the appropriate specialist. The patient's diagnoses per the 11/13/13 report include:1. Right shoulder rotator cuff tear/internal derangement2. Status post right shoulder rotator cuff repair in 2009, questionable re-tear (03/25/13 orthopedic report).3. Acute bronchitis4. Asthma active5. Obstructive sleep apnea6. Gastroesophageal reflux disease7. Anxiety8. Depression9. InsomniaCurrent medications as of 11/18/13 are listed as Lorazepam, Fluoxetine, Citrucel, Omeprazole Floranex, Alodipine, Losartan, Baclofen, Motelukast, Spiriva, and Dulera. The utilization review being challenged is dated 04/10/14. Reports were provided from 03/25/13 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #80: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, PPI (proton pump inhibitors).

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

Decision rationale: The patient present with shoulder pain, acid reflux, sleep quality, hypertension and constipation. The treater requests for Omeprazole 20 mg #80. The reports do not show the date of this request. The utilization review of 04/10/14 cites a Request for Authorization dated 01/20/14. The reports show the patient has been taking this medication since at least 03/25/13. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The 10/14/14 report states the patient, "...notes no change in her acid reflux (controlled with proton-pump inhibitors and diet)..." On 11/11/13 the treater states Omeprazole is to protect the patient's stomach. In this case, the reports do not show use of ASA or NSAID. It appears the medication helps the patient with GERD; however, there is no evidence that this condition is secondary to use of NSAID. Furthermore, no GI assessment is provided as required by MTUS. Therefore, this request is not medically necessary.

Tramadol 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The patient present with shoulder pain, acid reflux, sleep quality, hypertension and constipation. The treater requests for Tramadol 50 mg #60 (an opioid analgesic). The reports do not show the date of this request. The utilization review of 04/10/14 cites a Request for Authorization dated 01/20/14. MTUS Medications for chronic pain page 60 states, "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The reports provided have very little information about this medication. Only the 11/11/13 report mentions Tramadol when a refill is noted. Almost all reports are internal medicine reports. It is unknown when the patient started use of this medication and whether the patient's use is short term or long term. The treater does not discuss the medication or opioid use. In this case, a record of pain and function has not been provided when a medication is used for chronic pain as required by MTUS. Therefore, this request is not medically necessary.

