

Case Number:	CM14-0069511		
Date Assigned:	08/08/2014	Date of Injury:	05/20/2009
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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 Medicine and is licensed to practice in California and Nevada. 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 injured worker is a 53 year old male who sustained work related injuries on 05/20/09. The mechanism of injury was not described. Records noted injuries to the low back as a result of moving a desk and lifting of batteries. The injured worker had chronic complaints of low back pain radiating into the lower extremities he had diagnosis of bilateral knee sprain left greater than right. Magnetic resonance image of the lumbar spine showed multilevel degenerative disc disease. Electromyogram/Nerve Conduction Velocity dated 04/12/11 was consistent with peripheral neuropathy. The injured worker was treated with lumbar epidural steroid injections and facet blocks. The injured worker had chronic low back pain graded 8/10 without medications and 6/10 with. On serial examinations he had decreased sensation in L3-4, L4-5 and L5-S1 distributions. Lumbar discogram dated 03/18/14 reported concordant pain at L3-4 and L4-5. Utilization review determination dated 04/28/14 non-certified the requests for omeprazole 20mg #100 and tramadol/APAP 37.5/325mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
When to discontinue Opioids: See Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Tramadol/APAP 37.5/325mg #100 is not supported as medically necessary the submitted clinical records indicate that the injured worker has been maintained on Tramadol/APAP for a significant period of time. The records provide no data establishing the injured worker receives functional benefit from this medication. His subjective complaints and pain levels have been unchanged. The record notes that the injured worker undergoes urine drug screen for compliance and most recent urine drug screen indicates that the injured worker is compliant. However, given that there is no evidence of functional improvements there would be no reason to continue this medication.

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for omeprazole 20mg #100 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic low back pain with radiation to the lower extremities unresponsive to all conservative management. The record provides no data which establishes that the injured worker has developed medication induced gastritis for which this medication would be clinically indicated. As such medical necessity is not established.