

Case Number:	CM14-0073938		
Date Assigned:	07/16/2014	Date of Injury:	03/04/2004
Decision Date:	08/14/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 4, 2004. A Utilization Review was performed on May 1, 2014 and recommended non-certification of Tramadol (Ultram) 50 mg #100: DOS 4/17/14 and Lansoprazole (Prevacid) 30 mg q day #30: DOS 4/17/14. Lansoprazole (Prevacid) was non-certified due to the patient's underlying GI issues not appearing to be directly or temporarily related to the industrial injury or the prescribed medications. A Progress Report dated April 17, 2014 identifies Subjective findings of neck pain and right upper extremity pain. He states that his medications are working well. No side effects reported. He notes significant improvement in his pain level with Tramadol. He states Prevacid manages his acid reflux secondary to his medications. Objective findings identify cervical spine range of motion is restricted. On examination of paravertebral muscles, spasm and tenderness is noted on the right side. Tenderness is noted at the paracervical muscles, rhomboids, trapezius and over right lower cervical facet joints. Lumbar facet loading is positive. Right shoulder movements are restricted. Hawkins test is positive. Neer test is positive. Drop arm test is positive. On palpation, tenderness is noted in the acromioclavicular joint and subdeltoid bursa. Light touch sensation is decreased over C5, C6, and C7 dermatomes on the right side. Diagnoses identify cervical radiculopathy and cervical facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-79 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is mention that Tramadol makes a significant improvement in the patient's pain and no side effects are reported. However, there is no specific mention of the percent reduction in pain. In the absence of such documentation, the currently requested Ultram is not medically necessary.

Prevacid 30 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the use of lansoprazole is noted to help with the patient's acid reflux secondary to his prescribed medications. As such, the currently requested lansoprazole is medically necessary.