

Case Number:	CM14-0083244		
Date Assigned:	07/21/2014	Date of Injury:	03/20/2012
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

According to the records made available for review, this is a 36-year-old male with a 3/20/12 date of injury. At the time (4/30/14) of request for authorization for Tramadol 150 MG #30 and Omeprazole 20 MG #30, there is documentation of subjective (persistent pain in low back, left knee and right ankle, and residual pain in right knee, pain rated 7/10 in low back and right knee and 6/10 in left knee) and objective (tenderness to palpation over the spinous processes from L1 through L5 and bilateral paravertebral muscles, decreased range of motion with flexion to 50 degrees and extension to 15 degrees, straight leg raise test positive at 90 degrees bilaterally, increased pain with heel/toe walking, tenderness to palpation of anterior aspect of right knee, crepitus present right knee, bilateral knee range of motion 0 to 130 degrees, tenderness to palpation over medial joint line, McMurray's positive on left, and tenderness to palpation over lateral malleolus right ankle) findings. The current diagnoses include lumbar spine herniated nucleus pulposus, right knee status post meniscal tear, left knee partial posterior cruciate ligament tear, and right ankle tendinitis, improving. Treatment to date includes medications Tramadol, Naproxen, Omeprazole, and Gabapentin which he requires to maintain his activities of daily living. Medical report identifies the patient has pre-existing gastritis which has been exacerbated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 75,80-81,93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80;113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. There is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tramadol use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Omeprazole 20 MG #30: Upheld

Claims Administrator 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 Pain.

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), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal events includes: age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. There is documentation of pre-existing gastritis; however, despite documentation of ongoing treatment with Naproxen, there is no documentation

of concurrent use high dose/multiple NSAIDs. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.