

Case Number:	CM14-0098181		
Date Assigned:	07/28/2014	Date of Injury:	05/30/2012
Decision Date:	09/10/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 and is licensed to practice in 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on May 30, 2012. The mechanism of injury was noted blunt force trauma to the upper extremity and head. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of headaches, left hip pain, and bilateral arm pains. The physical examination was not presented. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications, and conservative pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: 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): 82,113 of 127.

Decision rationale: As outlined in the MTUS, this is a centrally acting synthetic opioid analgesic and not recommended as first-line oral analgesic. Furthermore, the progress notes,

presented for review, do not indicate that there is any efficacy or utility with use of this medication as there is no amelioration the pain complaints, no improvement in functionality or return to work. Therefore, based on the clinical records presented for review, the medical necessity for the ongoing use of this preparation has not been established.

Omeprazole 20mg delayed release #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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 rationale: As outlined in the MTUS, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease or can be considered a protectorate for those individuals utilizing non-steroidal medications. However, in the numerous medical records for review, there were no gastric complaints offered. As such, there is no clinical indication to establish the medical necessity for this medication.