MAXIMUS Federal Services

Case Number:	CM14-0136727		
Date Assigned:	09/03/2014	Date of Injury:	12/01/2006
Decision Date:	05/05/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 58-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of December 1, 2006. In a Utilization Review report dated August 7, 2014, the claims administrator failed to approve requests for tramadol, Prilosec, and laboratory testing to include a CBC and metabolic panel. The claims administrator referenced a July 30, 2014 progress note in its determination. The claims administrator invoked non-MTUS guidelines to deny the request for laboratory testing, it was incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated July 2, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. The applicant was given prescriptions for tramadol, Prilosec, and Wellbutrin. The applicant had issues with depression, poor mood, increased anxiety, and increased isolation. The applicant was apparently using omeprazole for gastritis, with reportedly good effect. The attending provider reported 6-7/10 pain complaints without medications versus 4/10 with medications. The attending provider stated that the applicant could reportedly clothe herself with her medications. The attending provider maintained that Wellbutrin was effectively attenuating the applicant's depressive symptoms. In a subsequent progress note dated July 30, 2014, tramadol, Wellbutrin, and omeprazole were endorsed. The applicant was again placed off of work, on total temporary disability, owing to her various chronic pain and depressive symptoms. Laboratory testing was endorsed, including a CBC and metabolic panel. The applicant was again asked to eschew NSAIDs and follow a reflux-friendly diet. The attending provider again stated that the applicant's ability to clothe herself, do some household chores and walk was improved

as a result of ongoing medication consumption. The applicant was nevertheless placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged, despite ongoing tramadol usage. While the attending provider suggested that the applicant's pain scores had been reduced as a result of ongoing medication consumption, these comments were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing medication consumption. The attending provider's commentary to the effect that the applicant was able to clothe herself with medications does not, in and of itself, constitute evidence of a meaningful, material or significant improvement in function effected as a result of ongoing medication consumption, including ongoing tramadol consumption. Therefore, the request was not medically necessary.

Omeprazole 20mg #60 with 1 refill.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline clearinghouse.

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

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently developed issues with NSAID-induced dyspepsia, which the attending provider claimed, had been effectively attenuated following introduction of omeprazole. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Complete metabolic panel and CBC (complete blood count): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA use labels.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Finally, the request for laboratory testing to include a CBC and metabolic panel was medically necessary, medically appropriate and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring for applicants using NSAIDs includes a CBC and chemistry testing to include renal and hepatic function testing. Here, the applicant had formerly used NSAIDs, the treating provider acknowledged. The applicant was, moreover, using a variety of other medications which were processed in the liver and kidneys, including Wellbutrin, tramadol, etc., as of the date of the request. Moving forward with laboratory testing was, thus, indicated to ensure that the applicant's current levels of renal, hepatic and hematologic function were consistent with currently prescribed medications. Therefore, the request was medically necessary.