

Case Number:	CM14-0193624		
Date Assigned:	12/01/2014	Date of Injury:	07/24/2002
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 & 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 patient with a date of injury of July 24, 2002. A utilization review determination dated November 6, 2014 recommends non-certification of Nexium and tramadol. A utilization review determination dated August 19, 2014 recommends denial of Omeprazole and Voltaren gel. A progress report dated August 5, 2014 identifies subjective complaints of chest wall pain and difficulty getting her medication. Topical anti-inflammatory medications help with adverse effects. The patient has intermittent feelings of bloating in the abdomen. Objective examination findings reveal spasm in the chest wall or discomfort upon light touch in the sternal region. Diagnoses include sternal region, anterior chest wall, chest site for the pain, and history of sternal fracture. The treatment plan recommends Voltaren gel for superficial pain and inflammation and omeprazole. Additionally, physical therapy is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: 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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Nexium, 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. Additionally, ODG recommends Nexium, Protonix, Dexilant, and Aciphex for use as 2nd line agents, after failure of omeprazole or Lansoprazole. Within the documentation available for review, it appears the patient is having some abdominal discomfort which may be attributable to NSAID use. However, there is no indication that the patient has failed first-line agents prior to initiating treatment with Nexium (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested Nexium is not medically necessary.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is an 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, it is clear the patient has significant chest wall pain. It appears the patient is having side effects from the current anti-inflammatory medication regimen. The requesting physician appears to have had trouble getting authorization for topical NSAIDs and medications to treat side effects from topical NSAIDs authorized. The current records provided for review do not demonstrate that the patient is currently taking tramadol. Therefore, a trial of tramadol seems to be a reasonable next treatment option in hopes of improving the patient's pain and function. The current request for #60 pills would allow for a reasonable time period to document analgesic efficacy, objective improvement, side effects, and discussion regarding aberrant use. As such, the currently requested Ultram is medically necessary.