

Case Number:	CM14-0194529		
Date Assigned:	02/13/2015	Date of Injury:	10/30/2009
Decision Date:	03/30/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker (IW) is a 38 year old female who sustained an industrial injury on 10/30/2009. She has reported constant neck and upper back pain with radicular symptoms, insomnia and depression. Diagnoses include chronic myofascial pain syndrome, cervical and thoracic spine, moderate to severe; cervical radiculopathy; sprain injury, right shoulder; NSAIDs-induced gastritis. Treatment to date includes trigger point injections and oral medications. A progress note from the treating provider dated 10/17 indicates the worker has slight to moderate restriction of motion in all planes of the cervical spine and slight restriction of the thoracic spine on flexion and restriction with multiple myofascial trigger points and taunt bands in the cervical and thoracic area. Ranges of motion in the left shoulder were slightly decreased in all directions and the right shoulder movement was moderately decreased. Shoulder impingement was present on the right with radicular symptoms. Upper extremity motor power was not tested well proximately due to pain in the right shoulder. On 10/29/2014 Utilization Review modified a request for Tramadol HCI ER 150mg to Tramadol HCI ER 150mg #30 1 tablet once a day and no refills. No references were cited. On 10/29/2014 Utilization Review modified a request for Omeprazole 20mg to Omeprazole 20mg #30 1 tablet once a day with no refills. No references were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl ER 150mg: 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 Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states: Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. Although the treating physician does document pain relief and increased functionality while on Tramadol, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. Additionally, the physician did not request a quantity of pills. As such the request for Tramadol HCl ER 150mg is not medically necessary.

Omeprazole 20mg: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Omeprazole 20mg is not medically necessary.

