

Case Number:	CM14-0200164		
Date Assigned:	12/10/2014	Date of Injury:	06/22/2011
Decision Date:	01/29/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve requests for tramadol, Prilosec, Desyrel, and Senna. The claims administrator referenced an October 23, 2014 progress note and a RFA form in its rationale. The October 23, 2014 progress note, per the claims administrator, suggested that the applicant was using tramadol, Celebrex, Neurontin, Prilosec, Colace, and Senna and was, furthermore, using a cane to move about. It appeared that trazodone was introduced for the first time on October 23, 2014, based on the claims administrator's description of events. The claims administrator suggested that the applicant had undergone lumbar discectomy-laminectomy surgery at an unspecified amount in time. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated August 7, 2014, the applicant reported ongoing complaints of low back pain. The applicant posited that he could not return to gainful employment. The applicant had undergone earlier shoulder surgery, the medical-legal evaluator noted. The medical-legal evaluator concluded that the applicant was incapable of returning to his former occupation. The medical-legal evaluator suggested that the applicant employ a proton pump inhibitor for gastroesophageal reflux disease, such as omeprazole. The applicant apparently was using Dulcolax and Senna, laxative agents, the medical-legal evaluator noted. The medical-legal evaluator also suggested that the applicant continue Celebrex in favor of nonselective NSAIDs. The applicant did report ongoing complaints of 6-8/10 shoulder and low back pain. The applicant stated that he could not perform driving, cooking, housekeeping, shopping, or physical exercise owing to his chronic pain complaints. The applicant was also having issues climbing ladders. The applicant did report on review of systems that he had issues with depression, irritability, poor temper, and loss

of equilibrium. The remainder of the file was surveyed. The clinical progress note and RFA form of October 23, 2014 which the claims administrator based its decision on were not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, 1 three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Criteria for use of opioids.

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

Decision rationale: 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. In this case, the applicant is off of work. The applicant has seemingly not worked since 2011, it was suggested on the medical-legal evaluation of July 16, 2014. The continued complaints of 6-8/10 pain, coupled with the applicant's reports of difficulty driving, cooking, housekeeping, shopping, and climbing ladders suggested that ongoing usage of tramadol has not, in fact, generated requisite reductions in pain and/or requisite improvements in function needed to justify continuation of the same. While it is acknowledged that the October 23, 2014 progress note and RFA form made available to the claims administrator were not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Prilosec 20mg, 1 tab twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. Issues with NSAID-induced dyspepsia were evident on the medical-legal evaluation of July 16, 2014, referenced above. The medical-legal evaluator posited on that date that ongoing usage of Prilosec (omeprazole) had effectively attenuated the applicant's complaints of reflux. Continuing the same, on balance, thus, was indicated. Therefore, the request is medically necessary.

Trazadone 50mg, 1 tab every bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Trazodone may be helpful to alleviate symptoms of depression, as are/were present here. The medical-legal evaluation of July 16, 2014, referenced above, suggested that the applicant was experiencing issues with depression, altered mood, irritability, explosive temper, sleep disturbance, etc. The request for Trazodone, based on the admittedly limited information on file, appears to represent a first-time request for the same. Introduction of Trazodone, thus, was seemingly indicated on or around the date in question, October 23, 2014. Therefore, the request is medically necessary.

Senna 8.6mg, 2 tabs twice a day: Overturned

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 Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants who are using opioid agents. Here, the applicant was/is using tramadol, a synthetic opioid agent. The medical-legal evaluator suggested on July 16, 2014 that ongoing usage of Senna and Dulcolax had regularized the applicant's bowel movements and had effectively ameliorated any symptoms of constipation which were evident as of that point in time. Continuing the same, on balance, was, thus, indicated. Therefore, the request is medically necessary.