

Case Number:	CM14-0201788		
Date Assigned:	12/12/2014	Date of Injury:	02/21/2010
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 34 year old female who was injured at work on 02/21/2010. The injured worker is reported to be complaining of increasing soreness, and stiffness in the low back with weather changes. She has stomach ache with Zipsor, and she has been taking omeprazole for a while. The low back pain is constant, but of about 5/10 intensity. The pain occasionally radiates to her legs. She has muscle spasms in her big toe and arch. The physical examination revealed limited range of motion, low back pain with oblique extension and rotation. Also, there was tenderness to palpation of the facet joints. The worker has been diagnosed of lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, chronic pain syndrome, lumbar disc displacement, lumbar spinal stenosis, spondylolisthesis, and unspecified arthropathy. Treatments have included Tramadol, Zipsor, Omeprazole and Home exercise therapy. At dispute are the requests for Zipsor 25mg #90; Omeprazole 20mg #30; Tramadol 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zipsor 25mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 8; 67-68. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain (Chronic >, < Zipsor (diclofenac potassium liquid-filled capsules) >.

Decision rationale: The injured worker sustained a work related injury on 02/21/2010. The medical records provided indicate the diagnosis of lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, chronic pain syndrome, lumbar disc displacement, lumbar spinal stenosis, spondylolisthesis, and unspecified arthropathy. Treatments have included Tramadol, Zipsor, Omeprazole and Home exercise therapy. The medical records provided for review do not indicate a medical necessity for Zipsor 25mg #90. The available records indicate she has been using this medication since 05/ 2014. The records did not reveal any benefit in pain controlled; rather it is associated with stomach upset. The MTUS recommends the use of the lowest dose of NSAID for the shortest length of time. Also, the MTUS recommends a review of the outcome of treatment and a consideration of changing the treatment if it is not beneficial. Furthermore, the MTUS states that different formulations of Diclofenac formulations of diclofenac are not necessarily bioequivalent. The MTUS does not make mention of the Zipsor brand; however, the official Disability Guidelines does not recommend diclofenac as first line due to increased risk profile. Therefore, the requested treatment is not medically necessary and appropriate

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 02/21/2010. The medical records provided indicate the diagnosis of lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, chronic pain syndrome, lumbar disc displacement, lumbar spinal stenosis, spondylolisthesis, and unspecified arthropathy. Treatments have included Tramadol, Zipsor, Omeprazole and Home exercise therapy. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #30. The records reviewed the injured worker has been using this medication, at least as far back as 05/2014. The MTUS recommends against long term use of the proton pump inhibitors due to the risk of hip fracture if used for more than a year. Furthermore, the medication was prescribed due to the side effects to the use of Zipsor; however, Zipsor has been determined to be not necessary, therefore the request for Omeprazole is not medically necessary and appropriate.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The injured worker sustained a work related injury on 02/21/2010. The medical records provided indicate the diagnosis of lumbosacral disc degeneration, lumbago, lumbosacral spondylosis, chronic pain syndrome, lumbar disc displacement, lumbar spinal stenosis, spondylolisthesis, and unspecified arthropathy. Treatments have included Tramadol, Zipsor, Omeprazole and Home exercise therapy. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #90. The utilization report noted the injured worker is not being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior, as is recommended by the MTUS as the basis for ongoing opioid treatment. Also, the MTUS recommends against the use of opioids beyond 16 weeks for chronic back pain or beyond 70 days for chronic pain. Also, the records indicate the injured workers pain continues to average 5/10 between 05/2014 and 11/2014. The MTUS recommends to continue opioids If the patient has returned to work , and If the patient has improved functioning and pain. Therefore, the requested treatment is not medically necessary and appropriate.