

Case Number:	CM14-0205004		
Date Assigned:	12/17/2014	Date of Injury:	06/07/2007
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Arizona. 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 60 year old male with date of injury 6/7/2007. He reports some chronicity to the beginning of his symptoms and reports that on 12/5/2006 while carrying a tray of work tools in one hand and a box in the other on uneven ground in a customer's home he felt a twinge in his back and he has had problems with his back since then, His work responsibilities require a lot of lifting and carrying of tools and ladders, and also crawling and climbing ladders. He has been back and forth with his primary care physician but eventually was taken off work 6/7/07. He retired in 2008. He is being managed for osteoarthritis to his low back, bilateral shoulders and also bilateral elbow, wrist, hand and knees. He has urological issues said to be made worse by his back issues as well as psychiatric issues related to his chronic pain. On 7/22/2014 He saw his treating physician for flare up of his low back pain with slight vibration into his left hip for two to three weeks, Physical exam revealed increased tenderness over the paravertebral muscles lumbosacral junction with spasm. Range of motion was limited in all planes. The request is for tramadol ER 150mg 60 capsules, Theramine-90 240 capsules, Omeprazole 20mg 60 capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per MTUS, Tramadol is a synthetic opioid affecting the central nervous system and use is not without risk. Long term users of opioids should have documented satisfactory response to treatment indicated by the patients decreased pain, increased level of function or improved quality of life, functioning should be measured at 6 month intervals using a numerical scale or validated instrument. Per MTUS, the patient's psychological status should also be taken into consideration as well as side effects, which include sexual dysfunction which is one of the patient's complaints. Opioids should only be continued if the patient has improved functioning and pain; however, a review of the patient's medical records available to me fail to reveal any subjective or objective documentation regarding improvement in functioning and pain. Therefore, based on the guidelines, the request for Tramadol 150mg ER #60 is not medically necessary for this injured worker.

Theramine-90 #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): <http://www.odg-twc.com/odgtxclist.htm>; Medical Foods-Per the FDA: <http://www.fda.gov/Food/GuidanceComplianceRegulatoryInformation/GuidanceDocuments/MedicalFoods/ucm054048.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Guideline Clearinghouse, Pain (chronic); Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Various p

Decision rationale: The MTUS and the ODG did not specifically address the use of Theramine in chronic pain; therefore, other guidelines were consulted. Per the NGC, Theramine is a medical food and is not recommended in the treatment of chronic pain. Based on this guideline, the request for theramine-90 #240 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per MTUS, it should be determined if the patient is at risk for GI events based on certain criteria. A review of the injured workers medical records available to me do not reveal that he is on any NSAID prescription or otherwise, there are no specific NSAIDS

mentioned and there is no dosage or frequency. Therefore, the request for Omeprazole 20mg # 60 is not medically necessary in this patient.