MAXIMUS Federal Services

Case Number:	CM14-0205033		
Date Assigned:	12/17/2014	Date of Injury:	10/01/2009
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
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 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 70 year old female who was injured at work on 10/1/2009. The office visit report of 11/11/2014 noted the injured worker complained of low back pain of 9/10; 5/10 neck pain; bilateral hand pain of 6/10, hands cramping, poor grip strength; stiffness of bilateral hands and knees; painful burning sensations on the bottom of the feet; numbness and tingling. The physical examination revealed slight limitation of the cervical range of motion, tenderness and spasms of the neck and trapezius muscles; absent reflexes in the arms, diminished grip strength, limited range of motion of thoracic spine, tenderness to palpation of the thoracic paraspinal areas, positive straight leg raise on the left at 45 degrees, weakness of the lower limbs and diminished patella reflexes. The worker has been diagnosed of cervical spine stenosis, cervical spondylosis with myelopathy, Brachial neuritis, Lumbosacral neuritis, Lumbar disc displacement, cervical spondylosis, cervical post laminectomy syndrome, shoulder region dis nec, rotator cuff syndrome. Treatments have included cervical epidural injection, Celebrex, Neurontin, Tramadol, Omeprazole, Soma, Lisinopril, simvastatin, Allegra. The injured worker was given Toradol 60mg injection, and her medications were continued with changes. At dispute are the requests for Pharmacy purchase of Tramadol 50mg and Pharmacy purchase of Omeprazole 20mg. The utilization reviewer's reason for the denied was because the request did not specify the quantities to be dispended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 12, 13, 83, 113.

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

Decision rationale: The injured worker sustained a work related injury on 10/1/2009. The medical records provided indicate the diagnosis of cervical spine stenosis, cervical spondylosis with myelopathy, Brachial neuritis, Lumbosacral neuritis, Lumbar disc displacement, cervical spondylosis, cervical post laminectomy syndrome, shoulder region disc neck, rotator cuff syndrome. Treatments have included cervical epidural injection, Celebrex, Neurontin, Tramadol, Omeprazole, Soma, Lisinopril, simvastatin, Allegra. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Tramadol 50mg. The MTUS recommends reassessment and consideration of alternative therapy if the patient had not improved after 16 weeks of treatment with for chronic pain. Therefore, considering the injured worker has been taking opioids for a long time, it is necessary to specify the quantity being supplied so as to determine the duration of continued opioid usage. Therefore, the requested treatment is not medically necessary and appropriate.

Pharmacy purchase of Omeprazole 20mg: 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 10/1/2009. The medical records provided indicate the diagnosis of cervical spine stenosis, cervical spondylosis with myelopathy, brachial neuritis, Lumbosacral neuritis, Lumbar disc displacement, cervical spondylosis, cervical post laminectomy syndrome, shoulder region disc neck, rotator cuff syndrome. Treatments have included cervical epidural injection, Celebrex, Neurontin, Tramadol, Omeprazole, Soma, Lisinopril, simvastatin, Allegra. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Omeprazole 20mg. Although proton pump inhibitor is indicated for this 70 year old worker with past history of NSAIDs induced gastritis, the proton pump inhibitors are known to cause hip fracture if used for more than one year. The records indicate she has been on the medication for some time; therefore dispensing an unspecified quantity is not medically necessary and appropriate.