

Case Number:	CM14-0206593		
Date Assigned:	12/18/2014	Date of Injury:	09/06/2005
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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:

Injured worker is a female with date of injury 9/6/2005. Per primary treating physician's progress report dated 11/15/2014, the injured worker complains of an acute flare up of her neck and back pain. She states that she has exhausted her supply of medications and over the counter medication is not helping her pain. She is requesting refills as she describes good relief and an increase in her activities of daily living with prescription medication usage. On examination there is tenderness in the cervical, thoracic and lumbar musculature with moderate hypertonicity present. Cervical range of motion is decreased in flexion 40/50 degrees and extension 50/60 degrees with complaints of pain on movement. Lumbar range of motion is decreased in flexion 45/50 and extension 15/25 degrees with increasing pain on movement. Straight leg raise elicits low back pain, however, no dural sheath irritation is present. Diagnoses include 1) cervical sprain/strain 2) myofascial pain syndrome, cervical 3) thoracic sprain/strain 4) myofascial pain syndrome, lumbar 5) lumbar disc syndrome, chronic 6) dyspepsia 7) insomnia 8) anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, 1 PO QAM #30 with 2 refills: 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 rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Protonix 20mg, 1 PO QAM #30 with 2 refills is determined to not be medically necessary.

Tramadol 50mg, 1 PO TID #90 with 2 refills: 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, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports indicate that the injured worker has experienced pain relief and increase in ADLs with the use of medication previously. It is noted that she has been prescribed Tramadol and Norco recently. There is no specific report on the efficacy of either of these medications as to the degree of pain reduction, or objective report on improvement of function. The severity of her pain is not reported, and functional limitations as a result of pain are not reported. The injured worker is chronically injured, being injured for over nine years, and the chronic use of opioids or Tramadol does not appear to be medically necessary within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol 50mg, 1 PO TID #90 with 2 refills is determined to not be medically necessary.