

Case Number:	CM14-0208803		
Date Assigned:	12/22/2014	Date of Injury:	08/09/2012
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old man who sustained a work-related injury on August 9, 2012. Subsequently, he developed chronic low back pain. According to the progress report dated October 29, 2014, the patient complained of persistent pain in the low back, which he rated at 7/10. The pain radiates down to his legs with weakness and numbness. He also complained of pain in the bilateral hips and bilateral feet, which he rated at 7/10. All his pain was constant and the same since his last visit. The patient takes Tramadol 3 times a day, which helps his pain from a 7 down to a 4-5/10. He also takes Omeprazole 2 times a day for his GI issues. He stated that it is getting better so his provider advised him to take Omeprazole only once a day so he can eventually stop that. Examination of the lumbar spine revealed decreased range of motion with tenderness to the paraspinals, right greater than left. Kemp's test was positive bilaterally. Straight leg raising test was positive on the right at 70 degrees to posterior thigh. There was decreased strength and sensation 4/5 on the right at L4, L5, and S1 and decreased strength and sensation 4/5 on the left at L4 only, but normal 5/5 on the left at L5 and S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. The patient was diagnosed with multiple lumbar disc bulges, worsening lumbar pain with bilateral lower extremity radicular pain, high blood pressure, right groin pain, and GI issues. The provider requested authorization for Omeprazole and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 1 tab p.o. every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition- Pain Chapter- PPI

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. The patient stated that his GI issues are getting better so his provider advised him to take Omeprazole only once a day so he can eventually stop that. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #30 is not medically necessary.

Tramadol 50mg #90, 1 tab p.o every 8 hours prn: Upheld

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

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

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol 50mg Qty:90 is not medically necessary.

