

Case Number:	CM15-0101625		
Date Assigned:	06/04/2015	Date of Injury:	09/22/2011
Decision Date:	07/03/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 50 year old male, who sustained an industrial injury on 09/22/2011. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; lumbar radiculopathy; and right S1 radiculopathy. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Norco, Ultram ER, Duexis, and Prilosec. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain that radiates into his right lower extremity; pain is rated an 8/10 on the pain scale without medications; pain is rated a 6/10 on the pain scale with medications; has gastrointestinal upset when he takes medication, so he does not always take it; he was not able to get his Ultram last month, so he has been taking Motrin; physical therapy has been helping, especially when they use the TENS unit; and he is able to perform his daily functions with his medications. Objective findings included moderate pain across the lumbar spine; moderate spasm; pain radiates to the right leg across the S1 distribution with positive straight leg raise on the right; and range of motion is decreased and painful. The treatment plan has included Ultram ER 200mg #30; and Duexis #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. Documentation provided is very poor. There are vague claims of improvement in pain and subjective improvement in function. Documentation provided does not support prescription of Ultram as required by MTUS guidelines. Therefore, the request is not medically necessary.

Duexis #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Duexis is a combination medication containing ibuprofen, an NSAID and famotidine, a PPI. Proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Motrin. Patient is not high risk for GI bleeding. There is very vague documentation of "stomach upset". There is no detail on what this means on whether it is dyspepsia or nausea. Patient has been on a standalone PPI for months with no documented improvement in symptoms. There is no rationale as to why patient was converted from individual medications to a combination medication. Duexis is more expensive and provide to no benefit over individual PPI and ibuprofen. Documentation fails to support use of Duexis. Therefore, the request is not medically necessary.