

Case Number:	CM15-0105815		
Date Assigned:	06/10/2015	Date of Injury:	07/09/2011
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York
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 51 year old female, who sustained an industrial injury on 7/9/11. She reported pain in the neck, back, shoulders, arms, hands, wrists, knees, legs, and feet. The injured worker was diagnosed as having lumbar disc displacement, lumbar facet syndrome, lumbar radiculitis, right sacroiliac sprain, right de Quervain's disease, right wrist tenosynovitis, and fatigue. Treatment to date has included a C5-6 and C6-7 anterior cervical discectomy and fusion. The injured worker had been taking Tylenol #3 and Tramadol since at least 9/19/14. On 1/30/15 noted knee pain was rated as 8/10, right shoulder pain 6/10, and low back pain 5/10. A urine drug screen dated 9/14/2014 and 1/30/2015 did not reveal the presence of codeine. The first did not contain tramadol, but the second did. These inconsistent results were not discussed. Currently, the injured worker complains of pain in the right knee, right shoulder, and low back. The treating physician requested authorization for Acetaminophen Cod No.3 #120, Omeprazole DR 20mg #60, Tramadol HCL 50mg #30, and Tylenol No. 3 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen Cod No. 3 #120: 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 Opioid management; Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-81, 94.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects", it also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Additional recommendations random drug testing, not at office visits. There are results from two urine drug screens included in the record. Both of these screens produced results inconsistent with the prescribed medications. There is no discussing of these inconsistencies or change to requested medications. This medication request does not include dosing frequency or duration. The request for acetaminophen codeine #3 is not medically necessary.

Omeprazole DR 20mg #60: 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: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart reference a diagnosis of gastritis identified in December 2014. The most recent exam documents an unremarkable abdominal exam. The Injured Worker does not report any ongoing complaints of epigastric complaints. Documentation does not include ongoing use of NSAIDs. The request does not include dosing frequency. Without this information, the request is unclear and not medically necessary based on the MTUS.

Tramadol HCL 50mg #30: 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 Opioid management; Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-81, 94.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects," it also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Additional recommendations random drug testing, not at office visits. There are results from two urine drug screens included in the record. Both of these screens produced results inconsistent with the prescribed medications. There is no discussing of these inconsistencies or change to requested medications. This medication request does not include dosing frequency or duration. The request for Tramadol is not medically necessary.

Tylenol No.3 #120: 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 Opioid management; Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-81, 94.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects", it also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. Additional recommendations random drug testing, not at office visits. There are results from two urine drug screens included in the record. Both of these screens produced results inconsistent with the prescribed medications. There is no discussing of these inconsistencies or change to requested medications. This medication request does not include dosing frequency or duration. The request for acetaminophen codeine #3 is not medically necessary.