

Case Number:	CM15-0107048		
Date Assigned:	06/11/2015	Date of Injury:	03/10/2011
Decision Date:	08/31/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 68 year old female, who sustained an industrial injury on 03-10-2011. Initial complaints and diagnosis were not clearly documented. On most recent provider visit dated 12-10-2014 the injured worker has reported that trigger point injection help a lot. Examination was difficult to decipher. The diagnoses have included chronic low back pain. Treatment to date has included medication. The injured worker was noted to be retired. There were limited medical records submitted for review. The provider requested Ultram and Pantoprazole were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150 MG #60: Upheld

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

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

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement of pain limited function due to their use. Tramadol is a synthetic opioid. The medical records do not describe any significant functional improvement or reduction in pain due the use of Tramadol. The ongoing use of Tramadol does not adhere to MTUS 2009 and is not medically necessary.

Pantoprazole 20 MG #30: Upheld

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

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

Decision rationale: MTUS 2009 states that proton pump inhibitors are an option for individuals older than 64 years old if they are prescribed NSAIDS. The patient is not prescribed an NSAID and denies any history of gastroesophageal reflux disease (GERD), for which Pantoprazole is indicated. Based upon the absence of NSAID use and the absence of GERD, Pantoprazole is not medically necessary.