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| Case Number: | CM15-0107602 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 11/12/2007 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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

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 11/12/07. The diagnoses have included lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, status post lumbar fusion, right shoulder surgery, myofascial pain syndrome, depression and left knee injury status post arthroscopic surgery 4/9/14. Treatment to date has included medications, activity modifications, consultations, diagnostics, surgery, bracing, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/24/15, the injured worker complains of increased pain in the low back that radiates down the bilateral lower extremities and rated 8/10 on pain scale. It is noted that the medications are not allowing him to be as functional as it used to be and he does not want to take more of it. The radicular pain and ability to ambulate and weight bearing have been getting worse as the pain shoots down the leg more and more. He is not a candidate for further surgery. He quantifies the discomfort in the lower back as 60 percent in comparison to the pain that radiates down both lower extremities, which is 40 percent. The left knee pain persists and limits his mobility and activity tolerance. The left knee pain is due to the ongoing low back pain and altered gait. The objective findings reveal decreased cervical spine range of motion, tenderness, muscle rigidity and trigger points. There is decreased range of motion and decreased sensation along the lateral arms and forearms bilaterally. The exam of the lumbar spine reveals that he is wearing a back brace, there is tenderness to palpation bilaterally, decreased range of motion with pain, positive straight leg raise bilaterally and decreased sensation along the thigh and calf bilaterally. There was a Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/30/09 and an electromyography (EMG) and nerve conduction velocity studies (NCV) dated 12/18/09 included in the medical records. The current medications included Norco, Neurontin, Anaprox, Doral, Prilosec, Prozac, Ambien and Colace. The urine drug screen dated 12/11/14 was inconsistent with medications prescribed. The urine drug screen dated 3/24/15 was consistent with the

medications prescribed. The physician requested treatments included Ultracet 37. 5/325 mg quantity of 60 for pain and Prilosec 20 mg quantity of 60 for the medication induced gastritis symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37. 5/325 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain by 20-30% when used with Norco. However, there is documentation of specific functional improvement with this medication. Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. Lastly, it is unclear why the provider has ordered 2 different short acting opioid medications versus supplementing with long acting opioid, as Norco alone is no longer adequately controlling his pain. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen), is not medically necessary.

Prilosec 20 mg Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to NSAID use with Anaprox. As such, the currently requested omeprazole (Prilosec) is medically necessary.