

Case Number:	CM15-0132746		
Date Assigned:	07/24/2015	Date of Injury:	12/01/2004
Decision Date:	09/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 62-year-old female who sustained an industrial injury on 12/01/2004 resulting in injury to the neck, right shoulder and low back. Treatment provided to date has included physical therapy; shoulder injections (2010); medications; and conservative therapies/care. Diagnostic tests performed include MRI of the right shoulder (2014) showing increased signals within the subacromial bursa, deltoid bursa, supraspinatus and infraspinatus and the long head of the biceps with fraying of the labral biceps complex. Comorbidities included hypertension. There were no other dates of injury noted. On 06/02/2015, physician progress report noted complaints of back, neck and arm pain, which was noted to be unchanged. The pain was rated 4/10 in severity with medications and 8/10 without medications. An evaluation of the injured worker's overall pain disability index (PDI) (which evaluates the patient's ability to participate in activities of daily living) revealed a rating of 3-5/10 with medications and 8/10 without medications. Current medications include Omeprazole and Tramadol. The physical exam revealed an antalgic gait, pain and difficulty standing from the sitting position, and slightly decreased range of motion in the cervical and lumbar spines. The provider noted diagnoses of rotator cuff sprain and strain, and cervicgia. Plan of care includes medications (amitriptyline 25mg #30 with 2 refills, Lyrica 200mg twice daily #60 with 2 refills, Omeprazole 20mg #90, and Tramadol ER 150mg daily #90), and follow-up in 12 weeks. The injured worker's work status was noted as unemployed. According to the progress reports and request for authorizations dated 12/17/2014 and 03/04/2015, refills on Tramadol #90 and Omeprazole #90 were granted. This indicates ongoing refills of these medications over the 7-9

months. Additionally, there were no changes in the injured worker's pain levels or PDI levels. The request for authorization and IMR (independent medical review) includes Omeprazole 20mg #90 and Tramadol 150mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and no NSAID is prescribed. Omeprazole therefore is not medically necessary.

Tramadol 150mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. An opioid contract is present in the chart. Therefore, the record is not medically necessary of ongoing opioid therapy with Tramadol.