

Case Number:	CM15-0141545		
Date Assigned:	08/20/2015	Date of Injury:	02/01/2000
Decision Date:	09/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 54-year-old female, who sustained an industrial injury on February 2, 2000. The injured worker reported fall while pulling heavy object. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration, myofascial low back pain and bilateral sacroiliitis. Treatment to date has included medication, injection and magnetic resonance imaging (MRI). A progress note dated May 12, 2015 provides the injured worker complains of persistent low back pain radiating to the right leg and rated 5 out of 10. She reports weakness of the right leg and difficulty walking. Physical exam notes lumbar tenderness to palpation, spasm, stiffness and anxiety and depression. The plan includes physical therapy, shoe inserts, omeprazole, meloxicam and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 02/01/00 and presents with low back pain, which radiate to the bilateral gluteal region and right lower extremity. The request is for 1 prescription of Tramadol 50 mg #60. The RFA is dated 06/08/15 and the patient is to return to modified work until 07/30/15. The patient has been taking this medication as early as 03/24/15 and there are two treatment reports provided from 03/24/15 and 05/12/15. MTUS Guidelines pages 88 and 89 under Criteria for use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 03/24/15 and 05/12/15 reports state that the patient rates her pain as a 5/10. In this case, not all of the 4A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of ADLs to demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects, no validated instruments are used, and no outcome measures provided as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. There are no urine drugs screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Tramadol is not medically necessary.

1 prescription of Omeprazole 20mg #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: The patient was injured on 02/01/00 and presents with low back pain, which radiate to the bilateral gluteal region and right lower extremity. The request is for 1 prescription of Omeprazole 20 mg #30. The RFA is dated 06/08/15 and the patient is to return to modified work until 07/30/15. The patient has been taking this medication as early as 03/24/15. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater

than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with lumbar-lumbosacral disc degeneration, myofascial low back pain, and bilateral sacroiliitis. As of 05/12/15, the patient is taking Tramadol, Tizanidine, and Meloxicam. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole is not medically necessary.