

Case Number:	CM15-0142173		
Date Assigned:	08/03/2015	Date of Injury:	05/11/2011
Decision Date:	09/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii
 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 72 year old female, who sustained an industrial injury on 5-11-2011. The mechanism of injury is injury from sitting down, missing the chair, and landing on her buttocks. The current diagnoses were not clearly documented within the medical records. MRI scan from 3-30-2014 shows moderate stenosis at multiple levels, specifically L2-L3, L3-L4, L4-L5, and L5-S1. According to the progress report dated 5-26-2015, the injured worker complains of significant back pain with radiation into her bilateral lower extremities, associated with numbness and weakness. The injured worker is frustrated and notes "I am losing my ability to walk". The level of pain is not rated. The physical examination reveals difficulty with ambulation, inability to heel-to-toe walk, severely limited range of motion to the thoracolumbar spine, positive bilateral straight raise leg test, diminished sensation in the dorsum of the foot, and gross motor strength weakness in the bilateral lower extremities. There is documentation of ongoing treatment with Tramadol since at least 9-10-2014. Treatment to date has included medication management, x-rays, physical therapy, and MRI studies. The provider recommends laminectomy extending from the inferior L3 all the way down to the sacrum. Work status was not described. A request for Omeprazole and Tramadol-Acetaminophen has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Pain Procedure Summary Online Version last updated 06/15/2015-Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremities. The current request is for Omeprazole 20mg #120. The requesting treating physician report was not found in the documents provided for review. The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. There was no documentation of any NSAID use in any of the medical reports provided for review. In this case, the IW is in her 70s and is at risk for GI events. However, this should also be weighed against the fact that long-term use of PPIs places the patient at risk for osteoporosis. There was no documentation provided of any current NSAID use nor was there any documentation of dyspepsia. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.

Tramadol/Acetaminophen 37.5/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremities. The current request is for Tramadol/Acetaminophen 37.5/325mg #240. The requesting treating physician report was not found in the documents provided for review. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided do not show how long the patient has been using Tramadol/Acetaminophen nor do they discuss or document any medication usage. No adverse effects or adverse behavior were discussed by the patient. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this

case, all four of the required As are not addressed, the patient's pain level has not been assessed at each visit and functional improvement has not been documented. The MTUS guidelines require much more documentation to recommend the continued usage of opioids. The current request is not medically necessary