

Case Number:	CM15-0142690		
Date Assigned:	08/03/2015	Date of Injury:	10/04/2002
Decision Date:	09/01/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California

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 50 year old female who sustained an industrial injury on 10-4-2002. She injured her back while lifting a heavy box. She reports pain in the low back and lower extremities and has been diagnosed with pain disorder with related psychological factors, depressive disorder, and psychological factors affecting a general medical condition. Treatment has included medications, surgery, chiropractic care, acupuncture, medical imaging, spinal cord stimulator, injections, and physical therapy. She seemed to be somewhat preoccupied with her physical symptoms, tending to overreact to real changes and to exaggerate minor ailments. She may display an inability to manage on her own, relying on the clinician to make every decision concerning her self-care and home based responsibilities. The treatment plan included medications. The treatment request included Anaprox, Prilosec, and ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tramadol Page(s): 92-93.

Decision rationale: Ultracet contains Tramadol which is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Norco prior to Ultracet. No one opioid is superior to another. In addition, the claimant had been on Ultracet for several months and it was recently combined with an NSAID and Norco. Although the combination of all the medications resulted in pain reduction, pain score reduction due to Ultracet cannot be determined. Long-term use is not recommended and continued use of Tramadol is not medically necessary.

Retro Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks for which the claimant was taking Prilosec. Continued use of Naproxen (Anaprox) is not medically necessary.

Retro Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Protonix prior to Prilosec. The claimant had irritable bowel but no GI bleeding risks. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.