

Case Number:	CM15-0143887		
Date Assigned:	08/04/2015	Date of Injury:	03/25/2011
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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 34 year old male who sustained an industrial injury on 3-25-2011. He has reported headaches and has been diagnosed with cerebral contusion without loss of consciousness with headaches, tinnitus and blurred vision, cervical spine sprain, rule out C7-C8 radiculopathy, thoracic spine sprain, bilateral shoulder sprain with left frozen shoulder, rule out internal derangement, left arm triceps laceration without ulnar canal syndrome, bilateral wrist sprain and painful crepitation with right de Quervain's rule out internal derangement, lumbar spine sprain strain with left more than right L5 radiculopathy, Mild disc space narrowing at L5-S1, bilateral knee sprain, and bilateral ankle sprain. He reports not being able to lift or carry anything at all. Headaches were rated 5 to frequent 9 on a scale of 1 to 10. Headaches had radiated to the eyeballs left more than right ear. He had dizziness and blurred vision having to hold onto things. The treatment plan included medications. The treatment request included Gaviscon, Tramadol, Prilosec, and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and CV Risk Page(s): 68-69.

Decision rationale: The records indicate the patient has ongoing neck pain, low back pain, left shoulder pain, bilateral wrist pain, bilateral knee pain and gastritis due to medication. The current request is for Nexium 40mg #30 with 1 refill. The treating physician has documented gastritis due to medication and the AME has also documented that the patient suffers with gastritis secondary to long term NSAID usage. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the patient suffers with G/I pain following usage of medications for his chronic pain and therefore the request is medically necessary.

Gaviscon 1 bottle with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009022/?report=details#uses>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Gaviscon.

Decision rationale: The records indicate the patient has ongoing neck pain, low back pain, left shoulder pain, bilateral wrist pain, bilateral knee pain and gastritis due to medication. The current request is for Gaviscon 1 bottle with 1 refill. The treating physician has documented gastritis due to medication and the AME has also documented that the patient suffers with gastritis secondary to long term medication usage. Gaviscon is not addressed in the CA MTUS or in the ODG. Drugs.com indicates that Gaviscon is a bicarbonate used to treat indigestion, heartburn, and sour stomach. The treating physician has documented gastritis due to medication and the AME has also documented that the patient suffers with gastritis secondary to long term medication usage. The request of one bottle of Gaviscon is medically necessary.

Tramadol 50mg BID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

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

Decision rationale: The records indicate the patient has ongoing neck pain, low back pain, left shoulder pain, bilateral wrist pain, bilateral knee pain and gastritis due to medication. The current request is for Tramadol 50mg BID #60 with 2 refills. According to the MTUS guidelines, four

domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of ongoing chronic pain, there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request of Tramadol 50mg BID #60 with two refills is not medically necessary.

Prilosec 20mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and CV Risk Page(s): 68-69.

Decision rationale: The records indicate the patient has ongoing neck pain, low back pain, left shoulder pain, bilateral wrist pain, bilateral knee pain and gastritis due to medication. The current request is for Prilosec 20mg #60 with 2 refills. The treating physician has documented gastritis due to medication and the AME has also documented that the patient suffers with gastritis secondary to long term medication usage. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has documented that the patient suffers with G/I pain following usage of medications for his chronic pain and therefore the request is medically necessary.