

Case Number:	CM15-0148903		
Date Assigned:	08/12/2015	Date of Injury:	04/25/2014
Decision Date:	09/29/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 25, 2014. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for Tramadol-acetaminophen (Ultracet) and Prilosec. The claims administrator referenced an RFA form received on July 2, 2015 and an associated June 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain, 4-7/10 without medications versus 3-4/10 with medications. The applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not detailed or characterized. Physical therapy was endorsed. On July 28, 2015, the applicant was given prescriptions for naproxen, Prilosec, and Tramadol-acetaminophen (Ultracet). The applicant reported 7-8/10 pain without medications versus 3-4/10 pain with medications in one section of the note. In another section of the note, 4-5/10 pain with medications versus 7-8/10 pain without medications was reported. The applicant was described as having superimposed issued with diabetes. The attending provider contented that the applicant's medications were beneficial toward the top of the note but seemingly failed to identify specific functions or functionalities ameliorated as a result of ongoing medication consumption. It was suggested (but not clearly stated) that Prilosec was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux) on this date. On April 13, 2015, the applicant was given Prilosec for what was described as actual symptoms of medication-induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tramadol 37.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol-acetaminophen, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported at various points in time, including on a work status report of August 6, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing Tramadol-acetaminophen usage on July 28, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing medication usage, including ongoing Norco usage. Therefore, the request is not medically necessary.

60 Prilosec 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Shoulder Disorders, pg. 2522.

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, as was seemingly present here, per progress note of April 30, 2015. The Third Edition ACOEM Guidelines Shoulder Chapter further notes that applicants who are at heightened risk for gastrointestinal bleeding include those individuals who are diabetic and using NSAIDs. Here, the applicant was diabetic and using naproxen, an anti-inflammatory medication. Usage of omeprazole (Prilosec) was, thus, indicated here, whether employed for cytoprotective effect, as was suggested on July 28, 2015, or for actual symptoms of reflux, as was suggested on April 30, 2015. Therefore, the request is medically necessary.