

Case Number:	CM15-0167347		
Date Assigned:	09/08/2015	Date of Injury:	08/05/2005
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 62-year-old male who had an industrial injury on August 5, 2005, which resulted in radiating neck pain. Diagnoses have included degeneration of cervical intervertebral disc, shoulder impingement syndrome, thoracic sprain or strain, and shoulder joint pain. Documented treatment includes medication, but effectiveness of treatment is not provided. The injured worker continues to present with increasing neck pain, which radiates to the left shoulder. The treating physician's plan of care includes Tramadol HCL 37.5 mg, and omeprazole 20 mg. He is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL-APAP (hydrochloride-acetaminophen) 37.5mg tablet, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Opioids, specific drug list - Tramadol/Acetaminophen (Ultracet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL-APAP 37.5mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; shoulder impingement syndrome; thoracic sprain strain; and shoulder joint pain. Date of injury is August 5, 2005. The request for authorization is dated August 5, 2015. The earliest progress note containing tramadol and omeprazole is dated June 25, 2014. There is no documentation indicating the date tramadol was changed to Ultracet. According to the most recent progress note dated August 1, 2015, subjectively the injured worker complains of neck pain that radiates to the right shoulder. Objective findings are illegible. The records are illegible and poor quality. Medications are to be taken as needed, but the medications are not documented in the progress of documentation. There is no documentation demonstrating objective functional improvement. There are no risk assessments. There were no detailed pain assessments in the medical record. Based on clinical information in medical record, peer-reviewed evidence-based guidelines, no documentation with medications listed, no documentation demonstrating objective functional improvement, no detailed pain assessments, no risk assessments and no attempt at weaning, Tramadol HCL-APAP 37.5mg #90 is not medically necessary.

Omeprazole 20mg tablet, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; shoulder impingement syndrome;

thoracic sprain strain; and shoulder joint pain. Date of injury is August 5, 2005. The request for authorization is dated August 5, 2015. The earliest progress note containing tramadol and omeprazole is dated June 25, 2014. There is no documentation indicating the date tramadol was changed to Ultracet. According to the most recent progress note dated August 1, 2015, subjectively the injured worker complains of neck pain that radiates to the right shoulder. Objective findings are illegible. The records are illegible and poor quality. Medications are to be taken as needed, but the medications are not documented in the progress of documentation. There is no documentation demonstrating objective functional improvement. There are no comorbid conditions or risk factors for gastrointestinal events documented in the record. As a result, there is no clinical indication or rationale for proton pump inhibitor use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale for proton pump inhibitors, Omeprazole 20 mg #60 is not medically necessary.