

Case Number:	CM15-0182984		
Date Assigned:	09/23/2015	Date of Injury:	03/07/2014
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Emergency 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 24 year old male, who sustained an industrial injury on 03-07-2014. He has reported injury to the neck, right shoulder, right elbow, right wrist, right hip, bilateral knees, and low back. The injured worker has been treated for lumbar disc protrusions at L4-5 and L5-S1; lumbar radiculopathy; cervical spine disc protrusions; right shoulder tendinosis with a SLAP (superior labral anterior to posterior) lesion and glenohumeral joint osteoarthritis; and sprain and strain of carpal joint of wrist. Treatments have included medications, diagnostics, injections, physical therapy, acupuncture, and lumbar epidural steroid injection. Medications have included Norco, Ultram, Elavil, and Prilosec. A progress report from the treating physician, dated 08-14-2015, documented an evaluation with the injured worker. The injured worker reported low back pain with bilateral lower extremity radiculopathy; and burning into the toes. Objective findings included tenderness to palpation of the lumbar spine muscles; decreased ranges of motion in all planes; and positive bilateral straight leg raising test. In a progress report from another provider, dated 08-14-2015, the injured worker reported persistent pain in the neck, back, right shoulder, right elbow, right wrist, bilateral knees, and right hip. The injured worker rated his pain at 7 out of 10 in intensity; he describes the pain as frequent and about the same; Norco helps his pain from a 7 down to a 4 in intensity; and he takes Omeprazole for the gastrointestinal upset. The provider documented tenderness to palpation of the cervical and lumbar paraspinals; decreased range of motion of the cervical spine and the lumbar spine; and tenderness to the medial joint line of the right and left knees. The treatment plan has included the request for Prilosec 20mg

#60; and Ultram 50mg #60. The original utilization review, dated 09-04-2015, non-certified the request for Prilosec 20mg #60; and Ultram 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient is currently on Norco and has reported good results with that medication. Ultram was added for "breakthrough pain". It is unclear why another short acting pain medication was added on top of another short acting opioid. If patient's pain is well controlled with Norco then ultram is not needed. There is no clear justification for escalation of pain medication. Documentation is unclear and contradictory. Ultram is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not high risk for GI bleeding. Patient is not noted to be on any NSAIDs and it is unclear how patient's "GI upset" relates to injury or any of the medications being prescribed. Documentation does not meet any indication for recommendation. Prilosec/Omeprazole is not medically necessary.