

Case Number:	CM15-0196030		
Date Assigned:	10/09/2015	Date of Injury:	08/27/2013
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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 35 year old male who sustained a work related injury August 27, 2013. According to a physician assistants progress notes dated August 11, 2015, the injured worker presented for a follow-up visit. He is status post lumbar transforaminal steroid injection L5-S1 on April 7, 2015. The injured worker reported no reduction in pain, rated 8 out of 10, described as sharp, shooting and burning, and radiates down the left lower extremity. The pain is exacerbated by standing, sitting, and walking. He can walk a half a block with a cane before having to stop due to pain. He avoids going to work, physical exercising, participation in recreation, shopping, and doing yard work. There are no bowel or bladder issues. Objective findings included; ambulates with a quad cane, unable to take shoes off and on, unable to transfer to the examining table independently, sits listed to the right; lumbar spine-forward flexion 40 degrees, extension 10 degrees, side bending left and right 20 degrees; rotation limited; positive straight leg raise on the left seated and supine to 45 degrees; negative Patrick's test and Gaenslen's maneuver; bilateral knees- full range of motion; diminished sensation in the left L5 and S1 dermatomes of the lower extremities; deep tendon reflexes-symmetric at 2+ out of 4 in the bilateral lower extremities but 1 out of 4 in the left ankle. Diagnoses are displacement of lumbar intervertebral disc without myelopathy; opioid type dependence, continuous. Treatment plan documented a spinal surgery consultation performed May 19, 2015, which recommended disc replacement but injured worker refused, needs an MRI and prescribed medication; Tramadol ER, Prilosec, and Hydrocodone. At issue, is a request for authorization for Tramadol and Prilosec (both ordered on May 19, 2015). An MRI of the lumbar spine dated July 31, 2015,

(report present in the medical record) impression; L5-S1 broad left paracentral 4mm disc protrusion moderately narrowing the left lateral recess; L4-5 broad central 3mm disc protrusion causing moderate central canal (40%) and bilateral foraminal stenosis; L3-4 mild disc bulge and central canal stenosis (20%) predominantly due to congenitally small canal. According to utilization review dated September 3, 2015 the request for retrospective Gabapentin 600mg tab; (1) tab TID (three times per day) #90 is certified. The requests for retrospective Prilosec 20mg po (by mouth) BID (two times per day) #60 and retrospective Tramadol ER 150mg #30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Tramadol 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. Although it may be a good choice in those with back pain, the claimant's pain persisted over time. VAS score reduction with use of medication was not provided. The claimant was on Tramadol along with Hydrocodone for months. Long-term use is not indicated. There was no mention of Tylenol, Tricyclic or weaning failure. Continued use of Tramadol is not medically necessary.

Retrospective request for Prilosec 20mg p.o. b.i.d. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

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. Furthermore, the continued use of NSAIDs as above is not medically necessary. There was previous mention of GI risk but the actual risk was not provided. The claimant had discontinued NSAIDs over 8 months ago. Therefore, the continued use of Prilosec is not medically necessary.