

Case Number:	CM15-0197486		
Date Assigned:	10/16/2015	Date of Injury:	06/07/2007
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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 62 year old male, who sustained an industrial injury on 6-7-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain with multilevel degenerative disc, bilateral shoulder sprain-strain, bilateral elbow lateral epicondylitis, and bilateral wrist sprain-strain. On 4-14-2015, the injured worker reported low back pain essentially without change, rated 5-6 out of 10. The most recent Primary Treating Physician's report submitted dated 4-14-2015, noted the injured worker's pain with medications rated 2-3 out of 10, without medications 5-6 out of 10, and with 6-8 hour duration of relief. The physical examination was noted to show the lumbar spine with tenderness to palpation to the paravertebral muscles with sciatic notch spasm, decreased range of motion (ROM), and increased low back pain with straight leg raise. Prior treatments have included Ibuprofen, acupuncture, home exercise program (HEP), Tylenol with Codeine, Zanaflex, Omeprazole, prescribed since at least 6-3-2014, Nizatidine, Tramadol, Theramine, Gabapentin, physical therapy, and psychotherapy. The treatment plan was noted to include new wrist and knee braces to decrease the need for medications and increase ability to perform home exercise program (HEP), as the old ones were worn out, and medications including Ultram ER, prescribed since at least 6-3-2014, Zanaflex, Neurontin, and topical medications. The request for authorization was noted to have requested Omeprazole 20mg #270 and Tramadol 150mg #240. The Utilization Review (UR) dated 9-10-2015, denied the requests for Omeprazole 20mg #270 and Tramadol 150mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #270: 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 (non-steroidal anti-inflammatory drugs), 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, Omeprazole 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, the claimant has intermittent heartburn but is not on NSAIDs. There was no mention of further work-up, diet modification, H Pylori testing or otherwise. It should also be used for the shortest time possible. Long-term use is not justified and is not medically necessary.

Tramadol 150mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 7th Edition, 2011, Tramadol.

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

Decision rationale: 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, long-term use is not recommended. There was no mention of Tylenol or weaning failure. The continued use of Tramadol as above is not medically necessary.