

Case Number:	CM15-0197595		
Date Assigned:	10/13/2015	Date of Injury:	09/05/2006
Decision Date:	12/03/2015	UR Denial Date:	09/08/2015
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: 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 53 year old male, who sustained an industrial injury on September 5, 2006, incurring back, and neck and shoulder injuries. He was diagnosed with lumbar disc disease, cervical disc displacement, compression fracture of two lumbar vertebrae, lumbar radiculopathy, shoulder derangement and thoracic lumbar disc herniations. Treatment included pain medications, sleep aides, topical analgesic patches, creams and powders, and proton pump inhibitor. The combination medications helped the injured worker with relief of pain and functional mobility. Currently, the injured worker complained of chronic pain interfering with the injured worker's activities of daily living. The treatment plan that was requested for authorization included prescriptions for Tramadol HCL #60 with one refill, Amitriptyline #30 with one refill and Omeprazole #30 with one refill. On September 8, 2015, a request for Tramadol HCL, Amitriptyline and Omeprazole was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL (hydrochloride) tab 50 mg Qty 60 with 1 refill, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

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 on Butrans and Norco as well. This combination of multiple opioids lead to risk of side effects. Provider merely states that this combination "works well". There is no documentation of any improvement in pain as noted on VAS or any documentation of any benefit from a functional status. The request for a refill is not appropriate and not recommended by MTUS guidelines due to lack of appropriate monitoring. This treatment is not medically necessary.

Amitriptyline tab 10mg Qty 30 with 1 refill, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

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

Decision rationale: As per MTUS guidelines, antidepressants like Amitriptyline are considered first line medications for neuropathic pain and nonspecific spinal pain. However, provider has failed to document any objective benefit in terms of improvement in pain or functional status with current regimen. There is no documented rationale as to why a refill was needed. Refills are not recommended by MTUS guidelines but to lack of appropriate monitoring. Without documentation of benefit and inappropriate request for refill, this is not medically necessary.

Omeprazole tab 20 mg Qty 30 with 1 refill, 28 day supply: 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 rationale: Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation that patient is on NSAIDs since provider has failed to provide a complete medication list. The lack of any indication for PPI due to poor documentation does not support request. This treatment is not medically necessary.