

Case Number:	CM15-0203619		
Date Assigned:	10/20/2015	Date of Injury:	04/29/2014
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 37 year old female who sustained a work-related injury on 4-29-14. Medical record documentation on 9-9-15 revealed the injured worker was being treated for lumbago, cervicgia, and insomnia. She reported pain in her head and neck with radiation of pain to the left arm was getting better but she had numbness. She reported low back pain with radiation of pain to the left leg and associated tingling in the neck and back, numbness in the neck and weakness in the left leg. She rated her pain a 5 on a 10-point scale and noted the pain is constant in frequency and severe in intensity. She reported that medications provided moderate relief. She avoided going to work and physically exercising due to pain. She completed chiropractic therapy, which had not helped much. Her medication regimen included Tramadol ER 150 mg (prescribed since at least 9-2-14, Relafen 500 mg and Omeprazole 20mg (prescribed since at least 9-2-14). Her past medical history was defined on 8-18-14 as not including any serious medical illnesses. A request for Tramadol ER 150 mg #30 and one prescription of Omeprazole 20 mg #60 was received on 9-18-15. On 9-21-15, the Utilization Review physician modified one prescription of Tramadol ER 150 mg #30 to #20 and determined one prescription of Omeprazole 20 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 1 prescription of Tramadol ER 150mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Tramadol is a centrally acting synthetic opioid analgesic per the MTUS. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term Tramadol without significant increase in function therefore the request for continued Tramadol is not medically necessary.

1 prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 1 prescription of Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.