

Case Number:	CM15-0204539		
Date Assigned:	10/21/2015	Date of Injury:	05/19/2006
Decision Date:	12/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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 44 year old male, who sustained an industrial injury on 5-19-06. The injured worker was diagnosed as having chronic low back pain; status post global lumbar fusion with persistent pain and radicular symptoms; chronic neck pain; cervical spondylosis; muscle spasm; reactive depression and anxiety; persistent nausea and vomiting; right shoulder pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-15-15 indicated the injured worker returns for a follow-up visit. The provider documents "He is going to physical therapy for the right shoulder. He has three visits. He is following the orthopedic surgeon. His other complaints are basically the same as far as the neck and lower back and some GI symptoms. He states that occasionally he has some episodes where he wakes up with 'terrifying pain'. He states if he lies down, his pain is worse, and then he stands up, the pain is better." The provider notes his medications as: Ultram, Soma, Celebrex and Prilosec. The provider notes "Significant for difficulty sleeping, GI upset, and some residual nausea and vomiting." On physical examination, the provider documents "He continues to have improved posture, however, significant guarding. Cervical spine range of motion is still 10 to 15 degrees. Lumbar flexion is 20-30 degrees. Extension 10 degrees. Right shoulder abduction is limited to 80-90 degrees. Remainder of the exam is unchanged." The treatment plan is to continue home exercise program and stretching, physical therapy has started for the right shoulder; continue the use of TENS unit and medications. The provider writes an addendum to this note stating "Please note the patient reports with the medications his pain level is 6 out of 10 and without medication his pain goes to 8-9 out of 10. He also reports 'every time I move in bed, I am in pain.' I

dispensed Omeprazole 20mg #60 for stomach upset as he has taken NSAIDs in the past and they caused him trouble. I currently prescribed Celebrex which he is also taking. I dispensed Tramadol 50mg #60 for pain as he has reported some improvement with this pain medication. In addition, I dispensed Soma #60 which he takes 1 at bedtime. Some is used for a muscle relaxant and for anxiety to aid with his sleep." The only other PR-2 note submitted is dated 10-1-15 with same to similar documentation. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-30-15 and non-certification for Retrospective Omeprazole 20mg, #60 (date of service 7-15-15); Retrospective Tramadol 50mg, #60 (date of service 7-15-15) and Retrospective Carisoprodol 350mg, #60 (date of service 7-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg, #60 (DOS: 7/15/2015): 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: The requested Retrospective Omeprazole 20mg, #60 (DOS: 7/15/2015), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck and lower back and some GI symptoms. He states that occasionally he has some episodes where he wakes up with 'terrifying pain'. He states if he lies down, his pain is worse, and then he stands up, the pain is better." The provider notes his medications as: Ultram, Soma, Celebrex and Prilosec. The provider notes "Significant for difficulty sleeping, GI upset, and some residual nausea and vomiting." On physical examination, the provider documents "He continues to have improved posture, however, significant guarding. Cervical spine range of motion is still 10 to 15 degrees. Lumbar flexion is 20-30 degrees. Extension 10 degrees. Right shoulder abduction is limited to 80-90 degrees. Remainder of the exam is unchanged." The treating physician has not documented the medical necessity for more than once daily dosage, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Retrospective Omeprazole 20mg, #60 (DOS: 7/15/2015) is not medically necessary.

Retrospective Tramadol 50mg, #60 (DOS: 7/15/2015): Upheld

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

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

Decision rationale: The requested Retrospective Tramadol 50mg, #60 (DOS: 7/15/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and lower back and some GI symptoms. He states that occasionally he has some episodes where he wakes up with 'terrifying pain'. He states if he lies down, his pain is worse, and then he stands up, the pain is better." The provider notes his medications as: Ultram, Soma, Celebrex and Prilosec. The provider notes "Significant for difficulty sleeping, GI upset, and some residual nausea and vomiting." On physical examination, the provider documents "He continues to have improved posture, however, significant guarding. Cervical spine range of motion is still 10 to 15 degrees. Lumbar flexion is 20-30 degrees. Extension 10 degrees. Right shoulder abduction is limited to 80-90 degrees. Remainder of the exam is unchanged." The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Retrospective Tramadol 50mg, #60 (DOS: 7/15/2015) is not medically necessary.

Retrospective Carisoprodol 350mg, #60 (DOS: 7/15/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The requested Retrospective Carisoprodol 350mg, #60 (DOS: 7/15/2015), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck and lower back and some GI symptoms. He states that occasionally he has some episodes where he wakes up with 'terrifying pain'. He states if he lies down, his pain is worse, and then he stands up, the pain is better." The provider notes his medications as: Ultram, Soma, Celebrex and Prilosec. The provider notes "Significant for difficulty sleeping, GI upset, and some residual nausea and vomiting." On physical examination, the provider documents "He continues to have improved posture, however, significant guarding. Cervical spine range of motion is still 10 to 15 degrees. Lumbar flexion is 20-30 degrees. Extension 10 degrees. Right shoulder abduction is limited to 80-90 degrees. Remainder of the exam is unchanged." The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Carisoprodol 350mg, #60 (DOS: 7/15/2015) is not medically necessary.