

Case Number:	CM15-0021833		
Date Assigned:	02/11/2015	Date of Injury:	05/19/2010
Decision Date:	04/08/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 05/19/2010. The injury reportedly occurred when she was unloading boxes from trucks. She is diagnosed with chronic pain and lumbar radiculitis. Her past treatments have included epidural steroid injections, medications, and physical therapy. On 10/16/2014, it was noted that her medications included clonazepam, fluoxetine, gabapentin, hydrocodone, and pantoprazole. On 11/17/2014, the injured worker complained of gastrointestinal pain and discomfort and was given an unspecified medication for her stomach. At her follow-up visit on 12/22/2014, it was noted that the injured worker had not been given approval for her medications and was pending approval for pain management. She reported back and leg back, as well as depression and difficulty ambulating. Her physical examination revealed normal neurological findings and restricted range of motion with tenderness. Her diagnoses were listed as lumbar strain and herniated disc. It was noted that her medications included tramadol and Mobic. However, further details regarding her medications were not provided. Requests were received for tramadol, meloxicam, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated the injured worker had chronic pain and was using tramadol. However, details regarding her tramadol use were not provided to include the duration of use and whether they had been effective in terms of pain relief and functional improvement. Additionally, the documentation did not address adverse side effects from this medication or aberrant drug taking behaviors and the submitted medical records included several recent urine drug screens which showed inconsistent results with her reported medications. Therefore, continued use of tramadol is not supported. In addition, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Meloxicam 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: The California MTUS state NSAIDs are recommended at the lowest effective dose for the shortest duration of time due to significant adverse effects associated with the use of these medications. Details regarding the injured worker's use of meloxicam were not provided to include the duration of use and whether it had been effective in terms of pain relief and functional improvement. There was mention of gastrointestinal upset; however, it was not specified whether this was related to meloxicam use. In the absence of documentation showing significant efficacy of this medication, continued use is not supported. In addition, the request did not include a frequency. For these reasons, the request is not supported.

Omeprazole 20 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state the use of proton pump inhibitors may be recommended for patients taking NSAID medications who are shown to be at increased risk for gastrointestinal events or for those with complaints of dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker was taking meloxicam and she had recently reported gastrointestinal upset. The documentation was not clear as to whether the gastrointestinal upset was related to NSAID use. While use of omeprazole may be supported to treat her gastrointestinal symptoms and concurrent NSAID use, the request as submitted did not indicate the frequency. As such, the request is not medically necessary.