

Case Number:	CM15-0026301		
Date Assigned:	02/18/2015	Date of Injury:	06/30/2007
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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: 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 34 year old male, who sustained an industrial injury on 6/30/07. He has reported low back pain. The diagnoses have included lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included physical therapy, Tens unit, epidural injection and oral medications. (MRI) magnetic resonance imaging of spine revealed degenerative disc disease and facet arthropathy with retrolisthesis L3-4, L4-5 and L5-S1 and neural foraminal narrowing includes L34 mild to moderate left caudal right and L4-5 moderate right mild to moderate left neural foraminal narrowing. Currently, the injured worker complains of pain in low back and left lower extremity. Tenderness is noted to palpation to bilateral lumbar facets with bilateral lumbar paraspinal spasms and range of motion of lumbar spine is decreased in all planes and limited by pain. On 1/22/15 Utilization Review submitted a modified certification for Tramadol/Apap 37.5mg #15 for weaning and non-certified Omeprazole 20mg #60, noting it cannot be determined that the injured is at high risk for gastrointestinal events to warrant treatment and Norco 5/325mg #30, noting the injured worker is only taking one per day. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of Tramadol/Apap 37.5mg #15, Omeprazole 20mg #60 and Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The Omeprazole 20mg capsules #60 is not medically necessary and appropriate.

Tramadol/Apap 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram): See also Opioids for neuropathic pain Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines:Pain Chapter; Tramadol (Ultram)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol/Apap 37.5/325mg #90 is not medically necessary and appropriate.

Norco 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 5/325mg #30 is not medically necessary and appropriate.