

Case Number:	CM15-0026814		
Date Assigned:	02/19/2015	Date of Injury:	06/30/2005
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 6/30/2005. The diagnoses have included osteoarthritis, localized, primary, lower leg, carpal tunnel syndrome, and low back pain with radiculopathy, non-industrial. Treatment to date has included conservative measures. Currently, the injured worker complains of neck and arm pain, rated 7/10, and back and leg pain, rated 8/10. She used a single point cane for ambulation. Gait was moderately antalgic and tenderness was noted to the cervical paraspinals and right gluteus. Range of motion was decreased in all planes in the cervical and lumbar spines. Motor exam was limited by pain. Range of motion left knee, documented 0-85 degrees, and right knee 0-90 degrees. Positive patellofemoral crepitus was noted. Current medications included Norco, Nortriptyline, capsaicin cream, and Prilosec. She stated that medications provided temporary pain relief, allowing her to walk a little more and sleep better. She also reported constipation secondary to medication use. Treatment plan included discontinuance of Norco, with trial of Ultracet. Over the counter medications were recommended for constipation. PR2 report, dated 8/20/2014, referenced radiographic findings, from 12/19/2013, of the bilateral knees. Severe osteoarthritis of the bilateral knees, with bone on bone contact in the medial compartment, was noted. On 1/29/2015, Utilization Review non-certified a retrospective request (11/12/2014) for Tramadol HCL/APAP 37.5/325mg #90, non-certified a retrospective request (11/12/2014) for Omeprazole 20mg #60, and non-certified a retrospective request (11/12/2014) for Nortriptyline HCL 25mg #60, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Tramadol/APAP (Ultracet) 37.5-325mg #90 DOS: 11/12/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Teramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's had been on Norco since March 2014. There is no indication that one opioid is superior to another. In addition, the claimant's stated after the use of Tramadol the pain was equal to the of Norco. The physician actually intended to wean the Ultracet, but the claimant request not to. The continued use of Tramadol/APAP as above is not medically necessary.

Retro: Omeprazole (Prilosec) 20MG #60 DOS: 11/12/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The notes indicated the claimant took Prilosec for gastritis but there is no evidence of endoscopy to indicate this and the claimant had no high risk bleeding disorders. Therefore, the continued use of Omeprazole is not medically necessary.

Retro: Nortriptyline (Pamelor) 75mg #60 DOS: 11/12/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14.

Decision rationale: Nortryptiline is a tricyclic antidepressant. According to the MTUS guidelines, it is recommended for pain accompanied with fibromyalgia, insomnia, anxiety and depression. It is recommended for neuropathic pain. In this case, the claimant had been on Nortryptiline for several months, however, there is no indication as to the functional or pain response to the medication when used with Tramadol or Norco. Its diagnosis related use is also not specified and neuropathy was not noted in the exam during the 11/12/14 visit. Continued use of Nortryptiline is therefore not medically necessary.