

Case Number:	CM15-0027479		
Date Assigned:	02/20/2015	Date of Injury:	10/04/2001
Decision Date:	04/17/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey

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 54 year old male, who sustained a work related injury on 10/4/01. The diagnoses have included sciatica, low back pain and lumbar post-laminectomy syndrome. Treatments to date have included MRI lumbar spine, lumbar surgery x 2, oral medications including ibuprofen and Omeprazole and physical therapy. In the PR-2 dated 1/21/15, the injured worker complains of low back pain. He complains of an increase in right sciatic pain. He is having right leg pain. He has decreased range of motion in lower back. He developed significant GI upset taking ibuprofen. On 2/7/15, Utilization Review non-certified a request for Omeprazole 20mg., with 3 refills and modified a request for Tramadol 50mg to Tramadol 50mg #135. The California MTUS, Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence submitted to justify regular use of omeprazole. It appeared that the intention of the omeprazole was to counter the stomach discomfort caused by taking ibuprofen, which had been discontinued as a result. However, the documentation did not show a history that would place him at an increased risk of a gastrointestinal event, which would be the only medically necessary reason to add on omeprazole chronically. Also, it appeared that the worker did not have a diagnosis which might have justified chronic use of an NSAID anyway, and if the ibuprofen were only to be used as needed, the daily use of omeprazole would be even less appropriate. Also, the number of pills was excluded from the request. Therefore, the omeprazole 20 mg with 3 refills will be considered medically unnecessary.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Tramadol for many months leading up to this request for renewal, however, the full review stated above was incomplete as documented in the notes available for review. There was insufficient documentation stating his pain levels and functional gains directly related to the tramadol use. Without supportive evidence of Tramadol being significantly beneficial for the reviewer to evaluate, the Tramadol will be considered medically unnecessary until this is documented.