

Case Number:	CM15-0215033		
Date Assigned:	11/04/2015	Date of Injury:	09/02/2008
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/02/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female who sustained an industrial injury on September 02, 2008. The worker is being treated for cervical spine sprain and lumbar sprain and strain. Treatment has included acupuncture, chiropractic treatment and medication. On October 07, 2015 she complained of continued neck and low back symptoms. The chiropractic therapy was lessening her headaches and low back pain thus improving her ability to function. She noted new onset of numbness and tingling in her right hand. Objectively she had cervical spine spasm and tenderness in the paraspinal muscles. Neck motion was restricted Sensation was reduced in bilateral hands although upper extremity motor and reflex exams were normal. There was tenderness to pressure over the shoulder joint associated with bilateral restricted range of motion and bilateral positive impingement tests. The lumbar spine had spasms present in paraspinal muscles, restricted lumbar range of motion, and positive straight leg raise of the right. There were normal motor, reflex and sensory exams of the lower extremities. On October 08, 2015 a request was made for Ketoprofen ER 200mg #30 with 2 refills, Omeprazole DR 20mg #30 with 2 refills, and Tramadol HCL 50mg #60 that were non-certified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 Refills 2 Rx: 10/7/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton pump inhibitors (PPIs).

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. The Official Disability Guidelines (ODG) also recommends use of proton pump inhibitors for patients at risk of gastrointestinal events. Even though dyspepsia is not also a known side effect of opioid medications the MTUS nor the ODG addresses use of medications to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient has no risk factors for a GI event prophylaxis with a proton pump inhibitor is not indicated. Medical necessity for use of this medication has not been established; the request is not medically necessary.

Tramadol Hcl 50mg #60 Rx: 10/7/15: 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day of tramadol or 300 mg/day of Tramadol ER and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of opioids as first-line therapy for chronic nociceptive pain and also recommends their use for control of chronic radicular neuropathic pain. The MTUS notes that when treating chronic radicular pain the chronic use of opioids is a viable alternative only when other therapeutic first-line medications, such as antidepressants and/or antiepileptic drugs, have been tried and failed.

Success of opioid therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and describe criteria for the safe use of chronic opioids. This patient has both chronic nociceptive and radicular pain, and has been taking chronic opioid medication (tramadol) for over 3 months. However, the provider has not documented the effectiveness of the opioid medication, side effects from the opioid medication, annotation of presence or absence of aberrant drug behaviors nor urine drug screens for misuse of opioid medications. These are required for the safe use of chronic opioid medications. Medical necessity for continued use of this medication has not been established. Therefore, the request is not medically necessary.