

Case Number:	CM15-0217632		
Date Assigned:	11/09/2015	Date of Injury:	10/25/2007
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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

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:

This injured worker is a 42 year old female who reported an industrial injury on 10-25-2007. Her diagnoses, and or impressions, were noted to include: neck pain with muscle spasms; cervical disc protrusions; right shoulder rotator cuff tear; and lumbosacral disc. No imaging studies were noted. Her treatments were noted to include: acupuncture; physical therapy; deep tissue massage; epidural steroids; Toradol injections; facet injections; medication management with toxicology screenings (1-14-15 & 5-8-15); and a return to full work duties. The progress notes of 5-8-2015 reported: continued, deep-seated constant and chronic low back pain, rated 2-3 out of 10, despite "all the treatment", aggravated by weather and prolonged work, and alleviated by massage, Icy-hot, and medication; and that she continued to work at her administrative job. The objective findings were noted to include: slight pain with full neck range-of-motion; and a review of her 2007 MRI. The physician's request for treatments were noted to include refills of her medications which were noted to include Naproxen, Omeprazole and Tramadol twice a day; and a follow-up in 3 months. The Utilization Review of 10-15-2015 non-certified the request for: Naproxen Sodium 550 mg, #60; Omeprazole DR 20 mg, #60; and Tramadol HCL 50 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen Sodium 500mg #60 RX 9/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic injury nor have they demonstrated any functional efficacy in terms of decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The Retrospective Naproxen Sodium 500mg #60 RX 9/18/15 is not medically necessary and appropriate.

Retrospective Omeprazole DR 20mg #60 RX 9/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The

Retrospective Omeprazole DR 20mg #60 RX 9/18/15 is not medically necessary and appropriate.

Retrospective Tramadol HCL 50mg 960 RX 9/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Submitted documents show the patient with continued chronic symptoms, but is able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and 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). Additionally, 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; however, the patient has persistent significant pain despite ongoing opioids without deterioration from denied treatment request. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2007 injury. The Retrospective Tramadol HCL 50mg 960 RX 9/18/15 is not medically necessary and appropriate.