

Case Number:	CM15-0221454		
Date Assigned:	11/17/2015	Date of Injury:	08/01/2012
Decision Date:	12/24/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male who sustained an industrial injury on 8-1-2012. A review of medical records indicates the injured worker is being treated for chronic pain syndrome. Medical record dated 9-23-2015 noted pain in the lower back and both knees with radiation to both legs. He rates his pain a 5 out of 10. His average pain is 6 out of 10. His pain was noted as worse. Pain was aggravated by bending forward, bending backwards, reaching, standing, coughing, straining, and prolonged sitting. Pain decreases with lying down. Physical examination of the lumbar spine revealed limited range of motion with tenderness. Straight leg raise test was positive bilaterally in the seated position to 40 degrees. Treatment has included Tramadol and omeprazole since at least 4-7-2015. Utilization review form dated 10-10-2015 noncertified Omeprazole 20mg #60 and modified Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 rationale: The claimant sustained a work injury in August 2012 when he was lifting a cement-cutting machine, heard a pop and felt sudden low back pain, and fell to his knees. An epidural steroid injection provided temporary relief in February 2013. Tramadol and omeprazole are being prescribed. In June 2015 he had discontinued these for two weeks due to side effects of dizziness, urinary hesitancy, and gastrointestinal distress. The side effects had resolved after the medications were stopped. His pain was rated at 4/10. Other treatments have included physical therapy, acupuncture, and chiropractic care. When seen in September 2015 he had pain rated at 5/10 with medications. He was having radiating symptoms into both legs. Physical examination findings included limited lumbar range of motion. There was bilateral lumbar paraspinal muscle tenderness. He had positive straight leg raising. Tramadol and omeprazole were provided. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. In June 2015 he was having medication side effects which resolved two weeks after stopping his medications. Continued prescribing of omeprazole is not medically necessary.

Tramadol (Ultram) 50mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in August 2012 when he was lifting a cement-cutting machine, heard a pop and felt sudden low back pain, and fell to his knees. An epidural steroid injection provided temporary relief in February 2013. Tramadol and omeprazole are being prescribed. In June 2015 he had discontinued these for two weeks due to side effects of dizziness, urinary hesitancy, and gastrointestinal distress. The side effects had resolved after the medications were stopped. His pain was rated at 4/10. Other treatments have included physical therapy, acupuncture, and chiropractic care. When seen in September 2015 he had pain rated at 5/10 with medications. He was having radiating symptoms into both legs. Physical examination findings included limited lumbar range of motion. There was bilateral lumbar paraspinal muscle tenderness. He had positive straight leg raising. Tramadol and omeprazole were provided. Tramadol (Ultram) is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, the claimant had side effects from this medication and actually had less pain after stopping it for two weeks. There no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

