

Case Number:	CM15-0224640		
Date Assigned:	11/23/2015	Date of Injury:	08/22/2008
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on 8-22-2008. A review of the medical records indicates that the injured worker is undergoing treatment for fracture of orbital floor, cervical disc disorder with myelopathy, lumbar region intervertebral disc disorder with myelopathy, right shoulder osteophyte, presence of right artificial knee joint, and other derangement of the patella. On 10-23-2015, the injured worker reported bilateral anterior and posterior shoulder pain, bilateral posterior and anterior arm pain, bilateral elbow pain, bilateral forearm pain, bilateral wrist pain, bilateral hand pain, lumbar pain, bilateral knee pain, and bilateral leg pain, with pain rated at 5.5 on a scale of 10 being the worse pain, rated a 7 at its worse and a 5 at its best. The Treating Physician's report dated 10-23-2015, noted the injured worker reported feeling better with pain medication and rest. The physical examination was noted to show palpable tenderness at lumbar, left sacroiliac, right sacroiliac, left buttock, sacral, right buttock, left posterior leg, and right posterior leg. The treatment plan was noted to include prescriptions for Naproxen, Omeprazole, and Tramadol, prescribed since at least 5-6-2015. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested Omeprazole 20mg #45, Tramadol 100mg ER #45, and Naproxen 550mg #60. The Utilization Review (UR) dated 10-30-2015, non-certified the requests for Omeprazole

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #45: 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: Omeprazole 20mg #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient had significant efficacy from prior Omeprazole use. The documentation reveals that the Naproxen is not medically necessary therefore the request for Omeprazole is not medically necessary.

Tramadol 100mg ER #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Tramadol 100mg ER #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Tramadol is a synthetic opioid affecting the central nervous system. The MTUS states that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Tramadol without significant evidence of objective increase in function therefore the request for continued Tramadol is not medically necessary.

Naproxen 550mg #60: 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), NSAIDs, GI symptoms &

cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen without evidence of objective increase in function. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.