

Case Number:	CM15-0032919		
Date Assigned:	02/26/2015	Date of Injury:	08/30/2014
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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, Arizona
 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:

The injured worker is a 50-year-old male who reported an injury on 08/30/2014. The mechanism of injury is a slip and fall. The injured worker's medications included omeprazole 20 mg, naproxen 550 mg, and tramadol 50 mg as of 10/14/2014. The injured worker underwent urine drug screens. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent electrodiagnostic studies of the lower extremities. The documentation of 02/03/2015 revealed the injured worker had complaints of lumbar spine pain. The pain was 7/10 to 8/10. At night, it was noted to radiate upward and downward, and was noted to have a throbbing and achy quality. The injured worker was noted to undergo an x-ray of the lumbar spine and an MRI of the lumbar spine. The physical examination revealed lumbar spine flexion of 40 degrees and extension of 10 degrees, as well as right lateral flexion of 15 degrees. There was a positive toe and heel walk. There was positive paraspinal tenderness to percussion. The diagnoses include lumbar spine sprain and strain, lumbar spine radiculopathy, L2-3, L4-5, L5-S1 disc protrusions per MRI of 11/12/2014, L4-5 and L5-S1 central stenosis. The treatment plan included naproxen 550 mg 1 twice a day as needed, omeprazole 20 mg 1 daily as needed to protect gastric mucosa and for breakthrough pain tramadol 50 mg with 2 additional refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. There was documentation the injured worker was being monitored for aberrant drug behavior. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #60 x2 refills is not medically necessary.

Omeprazole 20mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review indicated the medication was for gastric protection. There was a lack of signs or symptoms of dyspepsia and there was a lack of documentation indicating the injured worker was at intermediate or high risk for gastrointestinal events and had risk factors or cardiovascular disease. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for omeprazole 20 mg #30 x2 refills is not medically necessary.