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| Case Number: | CM15-0033055 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 12/22/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/10/2015 |
| 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

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 42 year old male, who sustained a work related injury on 12/22/10. He was loading a truck and lifted a box. He experienced a "stretching sensation" in his lower back. The diagnoses have included lumbosacral strain and annular tear at L4-5 with stenosis at L4-5 on the left side opposite of side symptoms. Treatments to date have included MRI lumbar spine, NCS/EMG of lower extremities and work activity modifications. In the PR-2 dated 2/26/14, the injured worker complains of continued back pain with pain in right leg. The pain is worse in the back than it is in right leg. He has tenderness to palpation with spasm of lower back musculature. On 2/10/15, Utilization Review non-certified requests for Tramadol 50mg., Prilosec 20mg. and Promalaxin. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain, right leg pain. The treater has asked for TRAMADOL 50MG but the requesting progress report is not included in the provided documentation. Patient has been using Tramadol since 4/11/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient's work status is not included in the provided documentation, but functional capacity evaluation on 4/7/14 stated: "not able to perform usual occupation. Work capacity is within the sedentary-light PDL." In this case, the treater does not indicate a decrease in pain with current medications, which include Tramadol. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report in review of reports dated 2/26/14 to 4/11/14. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with back pain, right leg pain. The treater has asked for PRILOSEC 20MG #90 but the requesting progress report is not included in the provided documentation. Patient has been taking Prilosec since 1/26/15 progress report per utilization review letter dated 2/10/15. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. There are no diagnoses of GERD, gastritis or PUD. There is no documentation on the reports as to how the patient is doing with the PPI, and its efficacy. The patient has been taking a PPI since 1/26/15, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.

Promalaxin: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter. Opioid-induced constipation treatment.

Decision rationale: This patient presents with back pain, right leg pain. The treater has asked for PROMALAXIN but the requesting progress report is not included in the provided documentation. Patient has been taking Promalaxin since 1/26/15 progress report per utilization review letter dated 2/10/15. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." MTUS also supports prophylactic use of laxatives when opiates are used. In this case, the patient is on opioids and prophylactic treatment of constipation may be indicated and supported by MTUS. The reports indicate that the patient has been on opiate for pain management and the requested Promolaxin IS medically necessary.