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| Case Number: | CM15-0034541 | | |
| Date Assigned: | 03/03/2015 | Date of Injury: | 08/17/2011 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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 34-year-old male who reported an injury on 08/17/2011. The mechanism of injury was not provided. The documentation indicated the injured worker had utilized Ultram and Protonix since at least 07/2014. The injured worker underwent urine drug screens. The prior diagnostic studies included an MRI of the lumbar spine. The documentation of 02/03/2015 revealed the injured worker had complaints of low back pain. The injured worker's pain was 5/10. The injured worker had difficulty with prolonged standing, sitting, and any type of repetitive bending, or heavy lifting. With medication, the injured worker had improved activities of daily living. The injured worker had improved functionality and improved ability to perform normal routine chores. The injured worker was undergoing physical therapy and acupuncture therapy. The physical examination revealed tenderness to palpation of the lumbar paraspinal muscles. There were muscle spasms. The injured worker had decreased sensation over the L3 and L5 dermatomes. The tendons were equal bilaterally. The diagnoses included herniated ruptured disc, neuritis and radiculitis of the lumbar spine, traumatic musculoligamentous strain of the lumbar spine, history of radiculitis to the lower extremities, lower lumbar facet syndrome, and anxiety. The treatment plan included a continuation of acupuncture and physical therapy, and the use of tramadol 50 mg 1 by mouth twice a day #60 and Prilosec 20 mg 1 by mouth twice a day #60. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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 failed to provide documented efficacy for the requested medication. Given the above, the request for Prilosec 20mg 1 tab PO BID #60 is not medically necessary.

Tramadol 50mg 1 tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and was being monitored for aberrant drug behavior. However, there was a lack of documentation of an objective decrease in pain and documentation of side effects. Given the above, the request for tramadol 50mg 1 tab po bid #60 is not medically necessary.