MAXIMUS Federal Services

Case Number:	CM15-0045628		
Date Assigned:	03/18/2015	Date of Injury:	01/07/2009
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 57-year-old female, who sustained an industrial injury on 01/07/2009. Initial complaints and initial diagnoses were not provided. Treatment to date has included conservative care, medications, bilateral wrist surgeries, lumbar surgery, and psychiatric/ psychological therapy. Currently, the injured worker complains of low back pain and left lower extremity pain with numbness and tingling. Current diagnoses include lumbar degenerative disc disease, status post L5-S1 disc replacement (10/2011), chronic low back pain, lumbar radiculitis, lumbar myofascial pain, depression, anxiety, status post bilateral carpal tunnel release, persistent carpal tunnel syndrome, status post left cubital tunnel release. The treatment plan consists of continued medications and opioid therapy (including omeprazole and Ultracet), additional psychotherapy sessions, and follow-up. On 2/12/2015, Utilization Review non-certified the requests for omeprazole 20 mg #30 and Ultracet 37.5/325 mg #90 using CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20 MG #30 (Dispensed 2/02/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent, treating providers' notes, the injured worker is not on any NSAIDs and does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for omeprazole 20 mg #30 is not medically necessary.

Retro Ultracet 37.5/325 MG #90 (Dispensed 2/02/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81 and 93-94.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Ultracet, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured workers (IW) records have included documentation of the pain with (3/10) and without (7/10) her baseline medications, no significant adverse effects, pain contract on file, urine drug testing and CURES report that are consistent, no abnormal behavior, and subjective functional improvement. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly intervals. The treating physician's note from February 2, 2015, indicated that the IW is not working, which is an indication that opioids may be discontinued if pain and function are not improved. She has been long-term on Norco, and has had decreased pain and some subjective functional benefit. However, there is no medical reasoning given for why the IW should be placed on another short-acting opioid, especially since tramadol should not be prescribed to people at risk for suicide, such as this IW. Therefore, the request for Ultracet 37.5/325 mg #90 is not medically necessary and appropriate.