

Case Number:	CM15-0050182		
Date Assigned:	03/23/2015	Date of Injury:	02/02/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey
Certification(s)/Specialty: 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 68 year old male, who sustained an industrial injury on 2/2/2014. He reported a shoulder injury from picking up luggage and tossing it to a cart. The injured worker was diagnosed from a recent magnetic resonance imaging as having partial thickness tear of the supraspinatus tendon of the left shoulder, complete tear of the proximal biceps tendon and subscapularis tendinosis. Treatment to date has included physical therapy, shoulder injections and medication management. Currently, the injured worker complains of left shoulder pain. In a progress note dated 2/11/2015, the treating physician is requesting Omeprazole and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

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

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, the worker was prescribed omeprazole to help protect the stomach while taking Naprosyn chronically for his pain. However, there was no other evidence from the medical history which suggested that he was at an elevated risk to warrant ongoing PPI use, which also comes with significant side effect risks with chronic use. Therefore, the omeprazole will be considered medically unnecessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation found in the notes, which showed that this full review was completed recently in regards to his ongoing tramadol use for his chronic pain. In particular, there was only vague reporting of his medications (Naprosyn and tramadol) collectively helping, but no specific report of measurable pain reductions or functional gains directly associated with tramadol use, which is required in order to justify continuation. Therefore, the tramadol ER will be considered medically unnecessary until more specific evidence of benefit is provided in the notes for review.