

Case Number:	CM15-0052635		
Date Assigned:	03/26/2015	Date of Injury:	08/06/2010
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This man sustained an industrial injury on 8/6/2010. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain/strain. Treatment has included oral medications. Physician notes on a PR-2 dated 11/20/20-14 show complaints of pain, spasms, and stiffness to the lumbar spine. No specific recommendations or treatment plan is included; however, the worker is to return for follow up six weeks after the QME evaluation. The worker is to continue with modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Acetaminophen/tramadol 325/37.5 mg #60 date of service 1-20-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioids Page(s): 8; 78-81.

Decision rationale: The injured worker sustained a work related injury on 8/6/2010. The medical records provided indicate the diagnosis of lumbar spine sprain/strain. Treatments have included Acetaminophen / tramadol 325/37.5 mg; Orphenadrine 100 mg; The medical records provided for review do not indicate a medical necessity for Retrospective Acetaminophen / tramadol 325/37.5 mg #60 date of service 1-20-15. The records indicate the injured worker has had no improvement in pain and function while using this medication. The Tramadol component is and opioids, and the MTUS recommends discontinuation of opioid treatment if there is no overall improvement in pain and function while using opioids. Therefore, the requested treatment is not medically necessary.

Retrospective Orphenadrine 100 mg #60 date of service 1-20-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Muscle relaxants (for pain) Page(s): 8; 63-65.

Decision rationale: The injured worker sustained a work related injury on 8/6/2010. The medical records provided indicate the diagnosis of lumbar spine sprain/strain. Treatments have included Acetaminophen/tramadol 325/37.5 mg; Orphenadrine 100 mg; The medical records provided for review do not indicate a medical necessity for Retrospective Orphenadrine 100 mg #60 date of service 1-20-15. The muscle non- sedating relaxants are recommended with caution as short-term second hand option in the treatment of low back pain exacerbation. The records indicate the injured worker has had no improvement in pain and function while using this muscle relaxant. The MTUS recommends discontinuation of a particular form of treatment if subsequent assessment reveals the treatment is not beneficial. Therefore, the requested treatment is not medically necessary.

Retrospective Omeprazole 20 mg # 60 date of service 1-20-15: 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.

Decision rationale: The 42 year old injured worker sustained a work related injury on 8/6/2010. The medical records provided indicate the diagnosis of lumbar spine sprain/strain. Treatments have included Acetaminophen/tramadol 325/37.5 mg; Orphenadrine 100 mg; The medical records provided for review do not indicate a medical necessity for retrospective Omeprazole 20 mg # 60 date of service 1-20-15. Omeprazole is a proton pump inhibitor. Like other proton pump inhibitor's the MTUS recommend using then when an individual at risk of gastrointestinal event is being treated with NSAIDs. Although the injured worker is being treated with Naproxen, the injured worker has no none risk factor for gastrointestinal events, which are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID; e.g., NSAID + low-dose Aspirin. Therefore, the requested treatment is not medically necessary.