

Case Number:	CM15-0054514		
Date Assigned:	03/27/2015	Date of Injury:	05/04/2010
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, New York, California
 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:

The applicant is a represented 28-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 4, 2010. In a utilization review report dated March 9, 2015, the claims administrator failed to approve a request for omeprazole and tramadol-acetaminophen (Ultracet). The claims administrator referenced an RFA form dated January 13, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 19, 2015 progress note, the applicant reported upper back and lower back pain, 6/10 to 9/10 without medication versus 1/10 to 2/10 with medications. The applicant was reportedly severely depressed; it was stated in another section of the note. Limited range of motion was noted. The applicant was given work restrictions, which effectively resulted in her removal from the workplace, the treating provider reported. Ultracet and omeprazole were endorsed. There was no mention or description of the applicant as having any issues with dyspepsia in the body of the report, although the attending provider listed NSAID-induced gastritis as one of the diagnoses, despite the fact that the applicant was not seemingly using any NSAIDs. The attending provider stated that the applicant's ability to perform various activities of self-care and personal hygiene had reportedly been ameliorated as a result of ongoing medication consumption. In a January 13, 2015 progress note, the attending provider again reiterated that the applicant had reported neck pain complaints, headaches, and back pain complaints, 2/10 to 4/10 with medications versus 6/10 to 7/10 without medications. The attending provider stated the applicant's ability to perform various activities of self-care and personal hygiene had reportedly been ameliorated with medication consumption. Ultracet and tramadol were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1tab two times a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI symptoms & cardiovascular risk Page(s): 7; 69.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider did not state whether or not ongoing usage of omeprazole had or had not effectively attenuated previous symptoms of reflux associated with NSAID consumption. The applicant was apparently no longer using NSAIDs as of the progress notes of January and February 2015, it was further noted. It was not clear whether the applicant was or was not having residual symptoms of reflux and, if so, whether or not ongoing usage of omeprazole was effectively attenuating the same. Therefore, the request was not medically necessary.

Tramadol/APAP 37.5/325mg 1tab three times a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work as of the progress notes of January and February 2015, the treating provider acknowledged. While the treating provider did identify some reported reduction in pain scores affected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Ultracet usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of

self-care and personal hygiene were ameliorated as a result of medication consumption did not, in and of itself, constitute evidence of a meaningful or material improvement of function effected as a result of the same. Therefore, the request is not medically necessary.