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| Case Number: | CM15-0080120 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 01/09/1986 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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 76 year old male patient who sustained an industrial injury on 01/09/1986. The patient had initial complaints of acute onset of sharp pain into the low back. He did receive physical therapy, oral pain medications. He did undergo radiography study and was out of work for months. A follow up visit dated 02/05/2015 reported the patient with subjective complaint of having constant low back pain. The pain radiates into the bilateral legs and into feet. He is also experiencing weakness into bilateral legs and feet. The plan of care noted discussion about failed surgical intervention, worsening pain, positive for foot drop and will probably require decompressive surgery. The physician recommended the patient undergo an updated magnetic resonance imaging, as well as nerve conduction study. He was prescribed Ultram and will follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90 take 1 tablet every 6 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute onset and flare-up of pain, unable to work due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit in light of the acute flare and progressive deterioration. The Ultram 50mg #90 take 1 tablet every 6 hours is medically necessary and appropriate.

Prilosec 20mg #60 take 1 tablet every 12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, NSAIDs, GI symptoms & cardiovascular risk Page(s): 78 of 137.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg #60 take 1 tablet every 12 hours as needed is not medically necessary and appropriate.