

Case Number:	CM15-0081669		
Date Assigned:	05/04/2015	Date of Injury:	05/16/2013
Decision Date:	06/03/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/28/2015

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, New York
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 65-year-old female, who sustained an industrial injury on June 1, 2005. She reported neck pain, right shoulder pain and back pain. The injured worker was diagnosed as having lumbar spinal stenosis, cervical spondylosis, lumbar anterolisthesis, right full thickness rotator cuff tear with retraction and carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, lumbar injections, medications and work restrictions. Currently, the injured worker complains of continued neck, right shoulder and back pain with pain radiating to the bilateral upper extremities and hips. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Surgical intervention of the shoulder was scheduled for a later date. Evaluation on March 11, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 with unspecified refills: 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): 78-79.

Decision rationale: The request for Tramadol is medical unnecessary. There is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the 4A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. There was no objective documentation of improvement in function. Because of these reasons, the request for Tramadol is considered medically unnecessary.

IB 800mg #60 with unspecified refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Ibuprofen is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. Long-term use is not recommended. Therefore, the request is considered not medically necessary.

Prilosec 20mg #30 with unspecified refills: 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.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless she is on chronic NSAIDs. The Ibuprofen she is currently taking will not be continued there was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.