

Case Number:	CM15-0084897		
Date Assigned:	05/07/2015	Date of Injury:	09/23/2005
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency 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 injured worker is a 35 year old male, who sustained an industrial injury on September 23, 2005. He reported mid and low back pain radiating to bilateral lower extremities with associated tingling and numbness of the lower extremities. The injured worker was diagnosed as having lumbosacral disc protrusion and lumbar radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of left lumbar pain with bilateral lower extremity radicular symptoms. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Gastrointestinal upset with the use of non-steroidal anti-inflammatories was noted. He reported benefit with Prilosec. Magnetic resonance imaging of the lumbar spine in 2013 revealed no changes compared to previous studies. Herniated lumbar discs were reported. Evaluation on February 13, 2015, revealed continued pain as noted with associated symptoms. Pain medication and Prilosec were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg, 1 tablet twice a day, #60, prescribed 03/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meet the appropriate documentation required by MTUS. Patient has chronically been on Tramadol and another opioid, Norco. There is no documentation of any objective improvement in function or pain in multiple progress notes. There is no noted assessment for abuse or side effects. No recent urine drug screen was provided. A prior UDS from 2013 was positive for THC. Prior UR denied tramadol and recommended weaning. Documentation by provider fails to support continued opioid therapy. Continued weaning is supported. Tramadol is not medically necessary.

Protonix 20mg, 1 tab twice daily, #60, prescribed 03/16/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on anaprox. There is inconsistent dyspepsia complaints with older notes stating complaints of dyspepsia but no assessment or GI issues or complaints of any dyspepsia has been noted for a year. Patient is not high risk for GI bleeding. Since patient is low risk for GI bleed and no appropriate documentation of dyspepsia, Prilosec/Omeprazole is not medically necessary.