MAXIMUS Federal Services

Case Number:	CM15-0088386		
Date Assigned:	05/12/2015	Date of Injury:	12/21/2011
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/07/2015

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
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:

This 24 year old male sustained an industrial injury to the low back on 12/21/11. Previous treatment included magnetic resonance imaging, chiropractic therapy and medications. On 2/6/15, the injured worker underwent L5-S1 bilateral foraminectomy, microdiscectomy and decompression. In a secondary treating physician's initial internal medicine evaluation dated 3/23/15, the injured worker reported developing acid reflux on 2/25/15. The injured worker complained of constant burning epigastric pain and heartburn without vomiting that mostly occurred after meals with bloating and occasional diarrhea. The injured worker suspended all pain medications due to his gastrointestinal issues and because he did not have that much pain anyway. The injured worker had taken Omeprazole for 14 days and Zantac for three days without relief. The injured worker reported that he had been drinking baking soda water to minimize symptoms. Physical exam was remarkable for soft, flat abdomen with mild tenderness to palpation in the lower abdomen and both lower quadrants with active bowel sounds. Current diagnoses included gastroesophageal reflux disease, possible irritable bowel syndrome and orthopedic diagnosis. The treatment plan included a high fiber healthy diet, no NSAIDs or narcotics, starting Tramadol as a non-gastric, non-constipating analgesic for pain, increasing dosage of Omeprazole, starting Metamucil and obtaining laboratory studies and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was no report of any pain in the progress note at the time of this request to suggest an additional pain medication was needed. Also, there was a history of being intolerant to previous opioids (constipation, reflux esophagitis, etc.) and previously only reported low levels of pain from his injury. Also, the request did not included dose or number of pills, which is required before any approval can take place. Therefore, considering the above reasons, the request for tramadol will be considered medically unnecessary.

Omeprazole 40 mg twice a day for 4 weeks: 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, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, although there was record of having taken NSAIDs for his chronic pain, there was no report of him taking an NSAID in the documentation. There was no evidence found in the

documentation provided which showed the worker was at an increased risk for gastrointestinal events to warrant ongoing use of omeprazole at high doses. Also, the request did not include the number of pills, which is required for approval. Therefore, the request for omeprazole will be considered medically unnecessary at this time.

Metamucil daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, p. 77. Decision based on Non-MTUS Citation ODG Pain section, Opioid-induced constipation treatment.

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Metamucil is a fiber supplement used to help supplement dietary sources in order to reduce constipation. In the case of this reviewer, Although the provider recommended the worker "continue his high-fiber healthy diet," there was no description of his diet to confirm he was already eating a high fiber diet. Metamucil was recommended to this worker, however, there was insufficient explanation as to why the worker was not able to take in more dietary sources of fiber naturally in foods. As there was no justification provided in the notes available for review, the request for Metamucil will be considered medically unnecessary. Also, the request did not include number of bottles and dosing recommendations.