

Case Number:	CM15-0223954		
Date Assigned:	11/20/2015	Date of Injury:	12/09/2013
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: Washington, 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 injured worker was a 59 year old female who sustained an industrial injury on December 9, 2013. The medical records indicated the injured worker was undergoing treatment for mild spondylosthesis at L4-L5, posterior annular tear at L5-S1, cervical sprain, discoid lateral meniscus on the right, MCL sprain of the right knee, lumbosacral sprain with radicular symptoms and complaints of abdominal pain and constipation, right hand numbness, and right hip pain. Comorbid conditions include diabetes and osteoporosis. Prior treatment included physical therapy, acupuncture, extracorporeal shockwave treatment, lumbar epidural steroid injection and medications (Ultracet #60 since May 5, 2015, Prilosec 20mg since July 17, 2015, Tramadol, Relafen). Imaging studies included a lumbar spine MRI on August 11, 2015 showed mild facet arthropathy of the lower lumbar spine, 3 mm L5-S1 herniated disc with abutment of bilateral S1 nerve roots and 1 mm L4-5 herniated disc with minimal anterolisthesis L4 on L5. According to progress note of July 17, 2015 the injured worker's chief complaint was stomach pain since Dec 2013, continued cervical low back pain, and knee pain. She was started on Prilosec and instructed to stop all non-steroidal medications. According to the progress note of August 28, 2015, the injured worker's chief complaint was ongoing lower back pain and right knee pain. She complained of radicular pain and numbness in the bilateral lower extremities, right greater than the left. The injured worker ambulated with a cane, due to low back pain and right knee pain. The physical examination of the lumbar spine from L1-S1 was normal, and there was diffuse decreased sensation in the right lower extremity. The motor exam was normal with all muscle groups tested. The straight leg raises were positive on the right for low back and right

knee pain. There was restricted lumbar range of motion upon examination in both flexion and extension. The RFA (request for authorization) dated August 28, 2015; the following treatments were requested Prilosec 20mg with 2 refills and Ultracet with #60 with 3 refills. The UR (utilization review board) denied certification on October 29, 2015; for prescriptions for Prilosec 20mg with 2 refills and Ultracet with #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton pump inhibitors (PPIs).

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids, high dose NSAIDs or anticoagulants. The Official Disability Guidelines (ODG) also recommends use of proton pump inhibitors for patients at risk of gastrointestinal events. Even though dyspepsia is also a known side effect of opioid medications neither the MTUS nor the ODG addresses use of medications to prevent or treat dyspepsia caused by long-term use of opioids. This patient has been suffering from dyspepsia since her injury in December. She had been taking both NSAIDs and opioid medications, both, which may exacerbate the dyspeptic symptoms. She has diabetes, which may put her at additional risk of a gastrointestinal event. Continued use of a proton pump inhibitor remains an option in therapy. Medical necessity has been established. The request is medically necessary.

Ultracet #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators.

Decision rationale: Tramadol/APAP (Ultracet, Ultracet ER) is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as Tylenol. Acetaminophen is considered the safest medication for use to treat chronic pain. However, it should be used cautiously in combination preparations in order to prevent liver damage. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol/APAP ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day but only 300 mg/day for the ER formulation and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic radicular and nociceptive pain. For nociceptive pain, it is considered standard of care, for radicular pain it is recommended as a second-line medication after use or failure of first-line therapies such as antidepressants or antiepileptic drugs (AEDs). Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. This patient has both nociceptive and radicular pain. Chronic use of opioid therapy is a therapeutic option and the patient has been on opioid preparations for over one month. However, at this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of the effectiveness of opioid therapy, comments on side effects from opioid therapies, a patient opioid use contract, or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. Medical necessity for the continued safe use of this medication has not been established. The request is not medically necessary.