

Case Number:	CM14-0110257		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2013
Decision Date:	10/02/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 20-year-old female who was reportedly injured on July 18, 2013. The mechanism of injury is noted as throwing a heavy bag into the trash. The most recent progress note dated July 21, 2014, indicates that there are ongoing complaints of chest wall pain and upper back pain. There was noted to be decreased pain with use of medications. The physical examination demonstrated tenderness at the anterior chest wall in the sternochondral joint. There was tenderness along the cervical spine with spasms and over the left trapezius. There was decreased cervical spine range of motion. Examination of the shoulders noted decreased range of motion. Diagnostic imaging studies of the chest were normal. Previous treatment includes physical therapy and oral medications. A request was made for tramadol, omeprazole and nabumetone and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82,113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. Additionally a peer to peer consultation stated that the requesting physician wished to withdraw the request. As such, the request is not considered medically necessary.

Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the California Medical Treatment Utilization Schedule. Additionally a peer to peer consultation stated that the requesting physician wished to withdraw the request. Therefore, this request for Prilosec is not medically necessary.

Nabumetone 750 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: Nabumetone is a nonselective, non-steroidal anti-inflammatory medication with an indication for osteoarthritis per California Medical Treatment Utilization Schedule treatment guidelines. When noting the injured worker's clinical presentation and current diagnosis, there is no clinical indication for the use of this medication. Additionally a peer to peer consultation stated that the requesting physician wished to withdraw the request. As such, this request for nabumetone is not medically necessary.