

Case Number:	CM14-0120225		
Date Assigned:	09/16/2014	Date of Injury:	10/09/2008
Decision Date:	10/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 48-year-old male who was reportedly injured on 10/9/2008. The most recent progress note, dated 8/21/2014, indicated that there were ongoing complaints of right shoulder pain and low back pain that radiated into the bilateral thighs. The physical examination demonstrated lumbar spine had range of motion with flexion 15 and extension 60 both with pain. Bilateral shoulder had range of motion with flexion 140 bilateral, abduction 140 on the right, and 130 on the left. No recent diagnostic studies are available for review. Previous treatment included right shoulder arthroscopy, lumbar surgery, medications and conservative treatment. A request was made for Tramadol 50mg #120, Norco 10/325mg #120 and Prilosec 20mg #30 and was not certified in the pre-authorization process on 7/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg. # 120 X 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Pages 47-48, 65, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California MTUS guidelines support the use of tramadol (Ultram) for short-term use after there has 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 of the lumbar spine or bilateral shoulders with the previous use of tramadol. As such, the request is not considered medically necessary.

Norco 10/ 325 mg. # 120 X 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids Page(s): Pages: 47,48,65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic right shoulder and low back pain after a work-related injury in 2008. Review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Prilosec 20 mg. # 30 X 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines: pain Chapter: Proton Pump Inhibitors PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.