

Case Number:	CM14-0122432		
Date Assigned:	09/16/2014	Date of Injury:	03/23/2014
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Washington. 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 47-year-old male who reported injury on 03/23/2014. The mechanism of injury was not provided. Prior therapies included a cervical medial branch block. The surgical history included a left wrist surgery in 2007. The injured worker was noted to utilize opioids since at least 2011. The most recent documentation submitted for review was dated 2011. The objective findings were not provided. The injured worker underwent x-rays and MRIs of the cervical spine. There was no Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150#30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, Page(s): page 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug

behavior and side effects. The duration of use was since at least 2011. The clinical documentation submitted for review failed to provide documentation of recent objective findings and failed to provide recent documentation to support the necessity for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol 150#30 is not medically necessary.

Pantoprazole 20mg #50: 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 Guidelines NSAIDS, Page(s): , page 69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers who are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker met the above criteria. The duration of use could not be established. There was a lack of documentation indicating the injured worker had objective findings to support the necessity for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pantoprazole 20mg #50 is not medically necessary.