

Case Number:	CM14-0128540		
Date Assigned:	09/19/2014	Date of Injury:	04/16/2007
Decision Date:	10/21/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation 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 58-year-old male who reported an injury on 03/16/2007. The mechanism of injury occurred when door jamb fell and hit the injured worker in the back of the neck. Diagnoses included whiplash, contusion, and strain/sprain of the cervical spine. Past treatments included physical therapy and medications. Diagnostic studies included an unofficial MRI of the cervical spine on 10/11/2012, which reportedly revealed disc protrusion at C2-3, C3-4 and C4-5. Surgical history included anterior cervical fusion in 03/2012. The clinical note dated 06/26/2014, indicated the injured worker complained of weakness, headaches and grinding his teeth. The clinical exam revealed a Beck Depression Inventory score of 8. Current medications included Zoloft, Ativan and Ambien. The treatment plan included tramadol 50 mg and omeprazole 30 mg #30. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (no quantity given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of weakness, headaches and grinding of his teeth. The most recent clinical documentation provided was psychiatric evaluations. There is a lack of a recent physical exam. It is unclear how long the injured worker has been taking the requested medication. There is a lack of quantified pain relief, functional improvement and the occurrence of non-adherent drug related behaviors through use of urine drug screen. Additionally, the request does not include indicators of quantity and frequency for taking the medication. Therefore, the request for tramadol 50 mg is not medically necessary.

Omeprazole 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69..

Decision rationale: The California MTUS Guidelines indicate that a patient is at risk for a gastrointestinal event if they are over the age of 65; have a history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids and/or anticoagulants; or high dose/multiple NSAIDs. Nonselective NSAIDs are recommended for patients with no risk factors and no cardiovascular disease. The injured worker complained of weakness, headaches and grinding of his teeth. There is a lack of documentation of any complaints of gastrointestinal discomfort, or any evidence that the injured worker was at risk for a gastrointestinal event. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for omeprazole 30 mg #30 is not medically necessary.