MAXIMUS Federal Services

Case Number:	CM14-0129010		
Date Assigned:	08/18/2014	Date of Injury:	04/20/2012
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
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 Occupational 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 52-year-old male who was injured on April 20, 2012. The most recent progress note, dated 7/24/14, noted complaints of constant, burning cervical pain, rated as 3/10. The pain was also described as electric shock-like, increased by turning and watching television. The pain radiates to the shoulders at times. Neck flexion can cause blurry vision. The injured worker also complained of mild thoracic pain. He further complained of lumbar pain of severity 4/10. This pain was constant and burning, with radiation to both feet, as well as numbness and tingling in both legs for more than one month. Prior treatment has included medications, physical therapy, and injections. A prior utilization review dated 8/8/14 resulted in denial of precertification for Tramadol 50 milligrams, quantity sixty with one refill, and Prilosec 20 milligrams, quantity thirty with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Page(s): 75.

Decision rationale: There is some short term, low quality evidences that tramadol, a centrally acting opioid analog, is effective for neuropathic pain. However, while the injured worker complains of wide spread radiating neck and low back pain, no physical findings are recorded to substantiate possible radiculopathy at multiple levels. Further, the worker was not diagnosed with radiculopathy. In addition, the dose and frequency of use were not given, so safety could not be ascertained. Finally, there was no risk assessment or documentation of improved function or comparison of pain levels with and without tramadol. The request for Tramadol 50mg, #60 is not medically necessary.

Prilosec 20mg #30 with 1 refill: Upheld

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

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

Decision rationale: Proton pump inhibitors such as Prilosec (omeprazole) are used as gastro-protective agents for patients at risk and on non-steroidal anti-inflammatory medication (NSAIDs). This patient was taking tramadol, an opioid analog, not a NSAID. Tramadol does not increase gastrointestinal risk. The request for Prilosec 20mg, #30 with one refill is not medically necessary.