

Case Number:	CM14-0130368		
Date Assigned:	08/20/2014	Date of Injury:	05/30/2012
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 patient is a 41 year old female who was injured on 05/30/2012 when the machine fell and landed on her head while she was bent over picking up carrots. Prior treatment history has included 8 sessions of physical therapy and home exercise program. Prior medication history included mirtazapine, omeprazole 20 mg, Remeron 15 mg, and tramadol 50 mg. Progress report dated 06/25/2014 states the patient presented with complaints of pain radiating in the back of the neck to the mid back. She reported stiffness in the neck with spasms of the neck. On exam, she has a forward flexed body posture and increased range of motion in the neck. On neuro exam, she has a depressed mood. She is diagnosed with chronic pain syndrome, fibromyositis, post-concussion syndrome and posttraumatic stress disorder. The patient was recommended to continue omeprazole and tramadol. Prior utilization review dated 07/15/2014 states the request for Tramadol 50mg #60 + 1 refill (prescribed 6-25-14) is modified to certify Tramadol 50 mg every 12 hours #60 one refill; Omeprazole #60 + 1 refill (prescribed 6-25-14) is modified to certify 20mg twice a day per day with no refills for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 + 1 refill (prescribed 6-25-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids for Chronic Pain & Criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: Official Disability Guidelines (ODG) Pain chapter - Opioids and Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Furthermore, there is an absence in documentation noting this claimant has functional improvement with this medication. Therefore, the medical necessity of this request is not established.

Omeprazole 20mg #60 + 1 refill (prescribed 6-25-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that proton pump inhibitor (PPI) is indicated for patients with intermediate or high risk for gastrointestinal (GI) events. This claimant has secondary GI effects due to the use of medications. However, the Tramadol, which is in all medical probability causing the secondary GI effects, therefore, the medical necessity of this request is not established.