

Case Number:	CM14-0140055		
Date Assigned:	09/08/2014	Date of Injury:	10/07/2002
Decision Date:	11/28/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/29/2014

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 Illinois. 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 54 year old male with a date of injury on 10/7/2002. According to the latest clinical note attached, on July 16, 2014, he has ongoing 2/10 back pain with bilateral lower extremity symptoms and intermittent left leg numbness. He was diagnosed with lumbar disc herniation and facet arthropathy, for which he had an epidural steroid injection (ESI) and lumbar fusion. He takes tramadol, ketoprofen cream and states he has increased functionality. He takes Prilosec for gastrointestinal upset and is intolerant of non-steroidal anti-inflammatory drugs (NSAIDs). An exam is noted for diffuse back tenderness and restriction of range of motion of the lumbar spine, positive straight leg raise on the left, and 4+/5 strength of bilateral lower extremities. His diagnoses are chronic pain, adjacent segment disease, facet arthropathy of the lumbar spine and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk.

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

Decision rationale: According to the documentation, this worker has a history of gastrointestinal upset with use of oral non-steroidal anti-inflammatory drugs (NSAIDs) and Tramadol. Per the Medical treatment Utilization Schedule (MTUS), injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug (NSAID) with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. The worker is no longer taking oral non-steroidal anti-inflammatory drugs (NSAIDs) and the request for continued Omeprazole is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long Term Assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 113,74-78.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The worker has stomach irritability when he takes Tramadol and tries to minimize his use of this medication. In addition, under the Criteria for Use of opioids, on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. None of this information is provided. Therefore, the request is not medically necessary.