

Case Number:	CM14-0148047		
Date Assigned:	09/18/2014	Date of Injury:	09/11/2012
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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 Preventive 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:

According to the records made available for review, this is a 31-year-old male with a 9/11/12 date of injury. At the time (8/5/14) of request for authorization for 60 tablets of Tramadol ER 150mg and 60 capsules of Omeprazole 20mg, there is documentation of subjective (stabbing low back pain) and objective (muscle spasms and tenderness over the lumbar paraspinal and right lumbosacral region) findings, current diagnoses (sprain of lumbar region, sciatica, degeneration of lumbar/lumbosacral intervertebral disc, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Tramadol since at least 4/11/14, Omeprazole, Naproxen, Ambien, and Flexeril)). Medical report identifies that medications provide pain relief, improve functional mobility and quality of life, and discussed safety and side effects with the patient. In addition, there is a request for Omeprazole for gastrointestinal protection with NSAIDs. Regarding Tramadol ER, there is no documentation of moderate to severe pain; that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief and functional status. Regarding Omeprazole, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF TRAMADOL ER 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain of lumbar region, sciatica, degeneration of lumbar/lumbosacral intervertebral disc, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Tramadol since at least 4/11/14 and Tramadol used as a second line treatment. Furthermore, given documentation that Tramadol helps improve functional mobility and quality of life, there is documentation of functional benefit and an increase in activity tolerance as a result of Tramadol use to date. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, despite documentation of appropriate medication use, and side effects, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief and functional status. Therefore, based on guidelines and a review of the evidence, the request for 60 tablets of Tramadol ER 150mg is not medically necessary.

60 CAPSULES OF OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple

NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of sprain of lumbar region, sciatica, degeneration of lumbar/lumbosacral intervertebral disc, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of a request for Omeprazole for gastrointestinal protection with NSAIDS and ongoing treatment with Naproxen, and documentation of ongoing treatment with Naproxen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for 60 capsules of Omeprazole 20mg is not medically necessary.