MAXIMUS Federal Services

Case Number:	CM14-0148612		
Date Assigned:	09/18/2014	Date of Injury:	09/18/2007
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 patient is a 52-year-old female who has submitted a claim for s/p cervical fusion C5-6 and C6-7, cervical discogenic disease, and cervical facet arthrosis associated with an industrial injury date of 9/18/2007.Medical records from 1/16/14 up to 7/29/14 were reviewed showing chronic cervical spine pain s/p cervical fusion. She rates the pain as 9-10/10 with tingling in her right hand. Examination of cervical spine revealed painful and decreased ROM. There was radiculopathy at C5-7 bilaterally. There was tenderness over the cervicotrapezial ridge and mild spasms across the trapezius. There was residual C7 radiculopathy.Treatment to date has included Ultram, Prilosec, Anaprox, HEP (Home Exercise Program), and TENS unit.Utilization review from 8/12/2014 denied the request for Prilosec 20mg, 1 tab QD, #30 and Ultram ER #30. As per Prilosec, the patient does not fall under the recommended guidelines. As per Ultram ER, there was no documentation of pain levels prior to and after medication such as VAS score. There is also no documentation of functional benefit and UDS performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Proton pump inhibitors should be prescribed among patients with intermediate risk factors such as: age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. In this case, the patient has been taking Prilosec since at least 1/2014. The patient is not over 65yo, has no history of peptic ulcer or bleeding, and has no gastrointestinal complaints. Therefore, the request for Prilosec 20mg, #30 is not medically necessary.

Ultram ER #30: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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 use of opioids for chronic pain is only recommended for short-term pain relief. In this case, the patient has been taking Ultram ER since at least 6/2014. There was no documentation of reduction in pain, functional improvement, and urine drug screening. In addition, the dosage of the medication was not indicated. Therefore the request for Ultram ER #30 is not medically necessary.