

Case Number:	CM14-0160926		
Date Assigned:	10/06/2014	Date of Injury:	08/10/2011
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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:

According to the records made available for review, this is a 50-year-old female with an 8/10/11 date of injury. At the time (9/25/14) of the Decision for Tramadol ER 150 mg po 1 cap for pain only #30 and Omeprazole 20mg po 1 cap per day #30, there is documentation of subjective (cervical, thoracic, and lumbar spine pain, bilateral shoulder pain and bilateral knee pain, also pain in the bilateral wrist and hand, bilateral elbow, bilateral hips, and bilateral ankles and feet) and objective (tenderness on bilateral knees, decreased range of motion on bilateral knees with atrophy and positive McMurray, antalgic gait) findings, current diagnoses (sprain shoulder or arm, sprain of knee and leg, sprain of neck, sprain lumbar region, wrist sprain, bilateral carpal tunnel syndrome, and ankle sprain), and treatment to date (medication including ongoing use of Tramadol). Regarding Tramadol ER 150 mg po 1 cap for pain only #30, there is no 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; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tramadol use to date; and that Tramadol is being used as a second-line treatment. Regarding Omeprazole 20mg po 1 cap per day #30, there is no documentation of risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg po 1 cap for pain only #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

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

Decision rationale: California Medical Treatment Utilization Schedule (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, 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. California 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 shoulder or arm, sprain of knee and leg, sprain of neck, sprain lumbar region, wrist sprain, bilateral carpal tunnel syndrome, and ankle sprain. In addition, there is documentation of moderate to severe pain. However, there is no 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. In addition, given documentation of ongoing treatment with opioids, there is no documentation 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 with Tramadol use to date. Furthermore, there is no documentation that Tramadol is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150 mg po 1 cap for pain only #30 is not medically necessary.

Omeprazole 20mg po 1 cap per day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): , page(s) 68-69. Decision based on Non-MTUS Citation ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: California Medical Treatment Utilization Schedule (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 non-steroidal anti-inflammatory drugs

(NSAID). Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of sprain shoulder or arm, sprain of knee and leg, sprain of neck, sprain lumbar region, wrist sprain, bilateral carpal tunnel syndrome, and ankle sprain. However, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg po 1 cap per day #30 is not medically necessary.