

Case Number:	CM14-0166568		
Date Assigned:	10/13/2014	Date of Injury:	08/17/2012
Decision Date:	11/13/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 & 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:

This 55 year-old patient sustained an injury on 8/17/12 while employed by the [REDACTED] Request(s) under consideration include Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60. Diagnoses include Neck sprain/strain; thoracic sprain/strain; lumbar sprain/strain; shoulder impingement; and hand joint pain. Hand-written report of 3/4/14 from the provider noted the patient with ongoing cervical pain rated at 6/10; lumbar pain rated at 7/10; bilateral shoulder and wrist pain rated at 6/10 and bilateral hip pain rated at 7/10 with associated numbness and tingling to the upper and lower extremities. Exam showed blood pressure reading without neurological findings documented. Hand-written illegible report of 8/5/14 from the provider noted the patient with intermittent mid? Mild body part pain with +N/t of UE. Exam showed positive paraspinal, upper trap tenderness; positive Kemp's; limited range; negative strength leg bilaterally. Treatment included EMG/NCV; internal medicine consult, medication refills, and acupuncture, therapy 2x4. The patient remained off work. The request(s) for Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 was modified for #15 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60 was non-certified on 9/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30: 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): 74-96.

Decision rationale: This 55 year-old patient sustained an injury on 8/17/12 while employed by the [REDACTED]. Request(s) under consideration include Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60. Diagnoses include Neck sprain/strain; thoracic sprain/strain; lumbar sprain/strain; shoulder impingement; and hand joint pain. Hand-written report of 3/4/14 from the provider noted the patient with ongoing cervical pain rated at 6/10; lumbar pain rated at 7/10; bilateral shoulder and wrist pain rated at 6/10 and bilateral hip pain rated at 7/10 with associated numbness and tingling to the upper and lower extremities. Exam showed blood pressure reading without neurological findings documented. Hand-written illegible report of 8/5/14 from the provider noted the patient with intermittent mild body part pain with +N/t of UE. Exam showed positive paraspinal, upper trap tenderness; positive Kemp's; limited range; negative strength leg bilaterally. Treatment included EMG/NCV; internal medicine consult, medication refills, and acupuncture, therapy 2x4. The patient remained off work. The request(s) for Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 was modified for #15 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60 was non-certified on 9/26/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 is not medically necessary and appropriate.

Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60: Upheld

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

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

Decision rationale: This 55 year-old patient sustained an injury on 8/17/12 while employed by the [REDACTED]. Request(s) under consideration include Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60. Diagnoses include Neck sprain/strain; thoracic sprain/strain; lumbar sprain/strain; shoulder impingement; and hand joint pain. Hand-written report of 3/4/14 from the provider noted the patient with ongoing cervical pain rated at 6/10; lumbar pain rated at 7/10; bilateral shoulder and wrist pain rated at 6/10 and bilateral hip pain rated at 7/10 with associated numbness and tingling to the upper and lower extremities. Exam showed blood pressure reading without neurological findings documented. Hand-written illegible report of 8/5/14 from the provider noted the patient with intermittent mild body part pain with +N/t of UE. Exam showed positive paraspinal, upper trap tenderness; positive Kemp's; limited range; negative strength leg bilaterally. Treatment included EMG/NCV; internal medicine consult, medication refills, and acupuncture, therapy 2x4. The patient remained off work. The request(s) for Retrospective: DOS 4/1/14 Tramadol 150mg QTY: 30 was modified for #15 and Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60 was non-certified on 9/26/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Retrospective: DOS 4/1/14 Omeprazole 20mg QTY: 60 is not medically necessary and appropriate.