

Case Number:	CM14-0173186		
Date Assigned:	10/24/2014	Date of Injury:	08/24/2012
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 27 year old male who sustained an industrial injury on 08/24/2012. The mechanism of injury was he hurt his lower back while lifting/pulling a heavy object. His diagnoses are chronic low back pain, left lower extremity paresthesia, presurgical left L5 and S1 radiculopathy, lumbar spinal stenosis, and myofascial pain. On exam he complains of low back pain with radiation to the left leg and left foot. On physical exam he ambulated with an antalgic gait, had painful range of motion of the lumbar spine with normal motor strength and decreased sensation over the left foot. Treatment has included medical therapy with opiates, physical therapy, chiropractic therapy, home exercise program, rest, ice/heat application, epidural steroid injection therapy and surgery. The treating provider has requested retrospective: 60 Tablets of Tramadol ER 150mg, 60 Tablets Norco 10/325, and 60 Tablets of Omeprazole 20mg DOS: 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective: 60 Tablets of Tramadol ER 150mg DOS: 09/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Tramadol ER 150 mg was not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. In this case there was no indication for the use of Tramadol in combination with Norco. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.

retrospective: 60 Tablets of Norco 10/325mg DOS: 09/2/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee had been treated with opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there had been no documentation of the medication's pain relief effectiveness and no clear documentation that he had responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient had continued pain despite the use of short acting opioid medications. In this case there was no indication for the use of Norco in combination with Tramadol. Medical necessity for Norco 10/325 was not established. The requested treatment was not medically necessary.

retrospective: 60 Tablets of Omeprazole 20mg DOS: 09/2/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Pain, regarding: Proton pump inhibitors (PPIs)

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

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific Gastrointestinal (GI) risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant had no documented GI issues. Based on the available information provided for review, the medical necessity for Omeprazole was not established. The requested medication was not medically necessary.