

Case Number:	CM14-0174512		
Date Assigned:	10/27/2014	Date of Injury:	05/22/2008
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Texas and Oklahoma. 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 injured worker is a 64-year-old male who reported an injury on 05/22/2008. He was carrying material, fell backward, and the material landed on him injuring his low back. On 09/12/2014, the injured worker presented with chronic pain and lower extremity numbness and tingling. On examination, the injured worker had an antalgic gait and he was slightly hunched over because of his low back. A very large incisional scar from the lower thoracic area extending all the way down to the sacrum area. There was tenderness to palpation noted and muscle guarding. The injured worker is status post lumbar spine surgery as of 05/22/2008. Current medications included gabapentin, Nalfon, omeprazole, and tramadol. The provider recommended tramadol, Nalfon and omeprazole; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Tramadol 150 mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94.

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

Decision rationale: The request for Tramadol 150 mg 1 po bid #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. As such, medical necessity has not been established.

Retro: Nalfon 400 mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-69, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Nalfon 400 mg bid #90 is not medically necessary. The California MTUS states that all NSAIDs are associated with risks of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for onsets for the shortest duration of time consistent with the individual treatment goals. There is a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. As such, medical necessity has not been established.

Retro: Omeprazole 20 mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI's) Page(s): 68-69.

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

Decision rationale: The request for Omeprazole 20 mg bid #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There was a lack of documentation on treatment history and length of time the injured worker was prescribed omeprazole. Additionally, the injured worker does not have a diagnosis congruent with the guideline recommendation for omeprazole. The injured worker is not at moderate to high risk for gastrointestinal events. As such, medical necessity has not been established.