

Case Number:	CM13-0064135		
Date Assigned:	03/03/2014	Date of Injury:	03/08/2013
Decision Date:	10/07/2015	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male, who sustained an industrial injury on March 8, 2013. The injured worker was diagnosed as having headache, cervical musculoligamentous injury and cervical sprain-strain. On June 18, 2013 the injured worker reported intermittent mild to moderate dull, achy headache; moderate dull achy, sharp neck pain; depression and anxiety. On November 1, 2013 the injured worker complained of headaches, neck pain and cramping. Objective findings did not include specific details of her industrial injury, cardiovascular findings or gastrointestinal findings. On November 5, 2013 the injured worker reported headache, neck pain, depression and anxiety. Objective findings included +3 tenderness to palpation and spasm of the cervical paraspinal muscles and "psychological complaints." Treatment to date has included anti-anxiety medications, opioid medications, and proton pump inhibitor medications. The injured worker's past medical history was not discussed in the submitted documentation. A request was received on November 8, 2013 for Omeprazole 20 mg #60 and Tramadol-Carnitine 40-125 mg #90. The Utilization Review physician modified a request for Tramadol-L Carnitine 40-125 mg #90 to a Tramadol-L carnitine 40-125mg one month supply and determined that omeprazole 20 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol-L-Carnitine 40/125mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Co-pack drugs.

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for neck pain and intermittent headaches with secondary depression and anxiety. When seen, there was cervical paraspinal muscle tenderness with muscle spasms. Omeprazole and tramadol/L-Carnitine were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole was not medically necessary. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. In terms of co-pack drugs, these are not generally recommended as there are no high quality studies to demonstrate improved patient outcomes. Co-packs are convenience packaging of a medical food product and a generic drug into a single package that requires a prescription. They may also include convenience packaging of multiple medications, even in the absence of medical foods. There is no evidence to support the medical necessity of co-packs as there are no high quality medical studies to evaluate co-packs on patient outcomes. Continued prescribing of this medication was not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in March 2013 and is being treated for neck pain and intermittent headaches with secondary depression and anxiety. When seen, there was cervical paraspinal muscle tenderness with muscle spasms. Omeprazole and tramadol/L-Carnitine were prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of omeprazole was not medically necessary.