

Case Number:	CM14-0210778		
Date Assigned:	12/23/2014	Date of Injury:	08/12/1996
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 55-year-old female with a date of injury of 08/12/1996. According to progress report dated 11/05/2014, the patient presents with constant low back pain that radiates into the bilateral lower extremity. Examination of the lumbar spine revealed muscles spasms and positive straight leg raise on the left. According to progress report dated 09/05/2014, the patient complains of constant low back pain that radiates into the lower extremity. Examination revealed TTP. The medical file provided for review includes handwritten progress reports that are limited in its discussions. The listed diagnoses are: 1. Low back pain. 2. Lumbosacral or thoracic neuritis. Treatment plan is for patient to continue with medications including tramadol, fenoprofen, and omeprazole. The utilization review denied the request for medications on 12/03/2014. Treatment reports from 05/27/2014 through 11/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89; 76-78.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for Tramadol 37.5/325 mg #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Tramadol as early as 05/27/2014. Progress report dated 09/05/2014 instructed the patient to take medication daily and it was noted there are no side effects with medication. The treating physician states that pain is relieved by 70% and there is improvement in ADLs. Progress report dated 11/05/2014 notes there is no change in pain and refill of medications were dispensed. In this case, recommendation for further use of Tramadol cannot be supported as the treating physician has provided no before and after pain scale to denote decrease in pain. In addition, there are no discussions regarding specific functional improvement, changes in ADL or change in work status to document significant functional improvement. There are no opiate management issues discussed such as CURES report or pain contracts and no urine drugs screenings to monitor compliance. The treating physician has failed to provide minimum requirements for documentation that are outlined in MTUS for continued opiate use. The requested Tramadol is not medically necessary.

Fenoprofen 400mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for 1 prescription of Fenoprofen 40 mg #60 between 11/05/2014 and 01/30/2015. For NSAIDs, the MTUS Guidelines page 22 states, "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Review of the progress reports indicates the patient has been utilizing this medication as early as 05/27/2014. According to progress report dated 09/05/2014, the patient has 70% pain relief with current medications and improvement in ADLs. Given the patient's continued pain and documentation of this medication's efficacy, the requested Fenoprofen is medically necessary.

Omeprazole 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for 1 prescription of Omeprazole 20 mg #60 between 11/05/2014 and 01/15/2015. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been concurrently prescribed Omeprazole and Fenoprofen as early as 05/27/2014. In this case, review of the medical file provides no GI assessment and no discussion regarding gastrointestinal issues. Routine prophylactic use of PPI without documentation of gastric issue is not supported by the guidelines without GI risk assessment. The requested Omeprazole is not medically necessary.