

Case Number:	CM15-0009702		
Date Assigned:	01/27/2015	Date of Injury:	02/20/2013
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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 & Rehabilitation

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 41 year old female sustained a work related injury on 02/20/2013. According to a progress report dated 11/13/2014, the injured worker continued to have low back pain and left radiating leg pain. A MRI of the lumbar spine revealed subarticular stenosis at L4-L5 and large left paracentral disc protrusion at the L5-S1 level. She had an epidural steroid injection that helped for approximately two weeks, but now complained of increased left leg radiating pain. Current treatments included narcotics and physical therapy. Diagnoses included lumbar radiculopathy left S1, lumbar spinal stenosis at L4-L5 and lumbar herniated nucleus pulposus, left paraspinal enlarged displacing and compressing the left S1 nerve root. Recommendations included Norco and a lumbar microdiscectomy at left L5-S1 and a hemilaminotomy medial facetectomy at L4-L5. Modified duty included a 25 pound lifting restriction, limited bending, lifting and twisting. A handwritten progress report dated the same day by the same provider listed medications as Norco, Prilosec and Tramadol. There was no documentation noting of gastrointestinal symptoms or risk of gastrointestinal complications. On 12/31/2014, Utilization Review non-certified Tramadol 150mg #60 and Prilosec 20mg #90. According to the Utilization Review physician, in regard to Tramadol, the injured worker was being treated with Norco. There was no clinical reasoning documented to support treatment with two opioid agonists. In regards to Prilosec, there was no documentation of gastritis or other gastrointestinal symptoms to support treatment with this medication and there was no documentation of increased risk of developing these disorders. CA MTUS Chronic Pain Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60: 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): 76-78.

Decision rationale: The patient presents with low back pain and left radiating leg pain. The request is for TRAMADOL 150MG #60. The RFA provided is dated 11/13/14. Patient is status post lumbar spine microdisectomy in 04/2013. The MRI study of the lumbar spine revealed subarticular stenosis at L4-L5 and large left paracentral disc protrusion at the L5-S1 level. She had an epidural steroid injection that helped for approximately two weeks, but now is complaining of increased left leg radiating pain. Diagnosis included lumbar radiculopathy left S1, lumbar spinal stenosis at L4-L5 and lumbar herniated nucleus pulposus, left paraspinal enlarged displacing and compressing the left S1 nerve root. Patient is to return to full duty. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The prescription for Tramadol was first mentioned in the progress report dated 11/13/14. It appears this patient is starting use of opioids with the prescription of Tramadol as prior reports do not show that opioids are prescribed. In regards to this request, MTUS requires functional assessment. Given the patient's chronic low back pain, a trial of this synthetic opioid may be reasonable; however, per the denial letter dated 12/31/14, the patient is also being prescribed Norco which is currently authorized. There is no clinical rationale documented to support treatment with two opioids concurrently. The request IS NOT medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain and left radiating leg pain. The request is for TRAMADOL 150MG #60. The RFA provided is dated 11/13/14. Patient is status post lumbar spine microdisectomy in 04/2013. The MRI study of the lumbar spine revealed subarticular stenosis at L4-L5 and large left paracentral disc protrusion at the L5-S1 level. She had an epidural steroid injection that helped for approximately two weeks, but now is complaining of increased left leg radiating pain. Diagnosis included lumbar radiculopathy left

S1, lumbar spinal stenosis at L4-L5 and lumbar herniated nucleus pulposus, left paraspinal enlarged displacing and compressing the left S1 nerve root. Patient is to return to full duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater does not state the rationale for the request. The prescription for Prilosec was first mentioned in the progress report dated 11/13/14. It appears this patient is starting use of Prilosec with this prescription as prior reports do not show that Prilosec is prescribed. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. There was no record of other NSAID use or concurrent use of ASA, corticosteroids, and/or an anticoagulant. The patient does not present with the indication for Prilosec. Therefore, the request IS NOT medically necessary.