

Case Number:	CM15-0012737		
Date Assigned:	01/30/2015	Date of Injury:	08/16/2012
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female who sustained an industrial related injury on 8/16/12. The injured worker had complaints of pain in the lumbar spine, right shoulder, bilateral wrists, bilateral hands, and bilateral fingers. Pain radiated to the left lower extremity. Medications included Omeprazole. Physical examination findings included decreased range of motion in the lumbar spine, positive straight leg raise on the left, decreased shoulder range of motion, and positive impingement signs on the right shoulder. Decreased range of motion in bilateral wrists and a positive Phalen' test were also noted. Diagnoses included chronic cervical strain, chronic lumbar strain, left shoulder rotator cuff syndrome, left lower extremity radicular pain, and bilateral wrist tendonitis. Treatment included epidural steroid injections. The treating physician requested authorization for Omeprazole 20mg #60 and Tramadol 50mg #60. On 12/17/14 the requests were non-certified. Regarding Omeprazole, the utilization review (UR) physician cited Medscape and noted this medication is used for the treatment of duodenal ulcer, H. pylori infection, gastric ulcer, gastroesophageal reflux disease, erosive esophagitis, and hypersecretory conditions. Regarding Tramadol, the UR physician cited the Medical Treatment Utilization Schedule guidelines and noted this medication is not recommended as a first-line therapy. Therefore the request were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole 20mg) #60 (dispensed 11/26/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI risk Page(s): 68-69. Decision based on Non-MTUS Citation NSAIDs

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 60 is not medically necessary.

Ultram (Tramadol 50mg) #60 (dispensed 11/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; tramadol Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Pain; tramadol

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen."The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for tramadol is not medically necessary.