

Case Number:	CM15-0114653		
Date Assigned:	06/22/2015	Date of Injury:	02/25/2013
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 47 year old female who sustained a work related injury February 25, 2013. According to an initial pain management consultation, dated May 13, 2015, the injured worker presented with complaints of pain in the neck and left shoulder, described as dull, achy, and stabbing. The pain radiates into the left shoulder blade, left arm, with paresthesia noted in the hand. She has tried ice, NSAID's (non-steroidal anti-inflammatory drugs), rest, and heat application with some relief of pain. She is currently working full time. Diagnoses is documented as degeneration of cervical intervertebral disc; cervical radiculitis; cervical disc displacement. Treatment plan included a recommendation for cervical C5-6 steroid injection. A primary treating physician's progress report, dated May 7, 2015, finds palpable paravertebral tenderness with spasm of the cervical spine, a positive axial loading compression test and positive Spurling's maneuver. Range of motion is limited by pain. There is palpable paravertebral muscle tenderness with spasm of the lumbar spine and seated nerve root test is positive. Standing flexion and extension are guarded and restricted. There is tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs are positive. Diagnoses are lumbago; joint derangement not otherwise specified, shoulder; cervical disc disorder. At issue, is the request for authorization for Lansoprazole and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Lansoprazole 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk, pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she had been prescribed and was taking Nalfon for her chronic low back pain, which is not recommended for chronic use for the diagnoses submitted. Regardless of this, the use of lansoprazole based on the documentation provided cannot be justified as there was no evidence for any risk factors which would have raised this worker's risk of a gastrointestinal event based on her history provided. Therefore, due to insufficient criteria met for the use of this medication (with or without Nalfon), it will be considered medically unnecessary at this time.

90 Tramadol 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documentation provided regarding this worker, tramadol had been prescribed and used regularly chronically for her chronic pain. However, there was no obvious report found in the recent documentation to show this full review regarding tramadol use was completed. In particular, there was no documentation of direct and measurable functional gains or pain level reduction directly related to this medication to help justify its continuation. Therefore, the tramadol will be regarded as medically unnecessary at this time.