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| Case Number: | CM15-0116783 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 12/03/1991 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 68 year old male, who sustained an industrial injury on December 3, 1991. He reported that while kneeling and attempting to lift a dead battery, he twisted with immediate lower back pain and pain radiating down the left leg. The injured worker was diagnosed as having post-laminectomy lumbar spine and lumbar herniated nucleus pulposus (HNP) without myelopathy. Treatment to date has included MRI, x-rays, back surgery, physical therapy, epidural steroid injection (ESI), activity modification, and medication. Currently, the injured worker complains of low back pain with radiation of electrical pain to bilateral lower extremities. The Treating Physician's report dated May 13, 2015, noted the injured worker's current medications as Naproxen, Chlorzoxazone, Ultracet, Flexeril, and Omeprazole. Physical examination was noted to show the injured worker with a mild antalgic gait and tenderness to the lumbosacral juncture. The injured worker was noted to have medications helping with pain with pain level fluctuations with a stable baseline, no current side effects, and current management beneficial and allowing for a satisfactory functional capacity. The treatment plan was noted to include continued Anaprox-DS, Prilosec, and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 78, 93, 113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The documentation provided did not include objective, measurable levels of pain relief with the Tramadol, the average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long the pain lasts, or objective measurable improvement in functioning or quality of life. The documentation provided lacked documentation of previous failed trials of first-line opiates. Therefore, based on the MTUS guidelines, the documentation did not support the request for Tramadol ER (extended release) 150 mg Qty 60 and is therefore not medically necessary.

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs), GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that use of proton pump inhibitors (PPIs) such as Omeprazole, is recommended for injured workers with an intermediate risk for gastrointestinal (GI) events while using non-steroid anti-inflammatory drugs (NSAIDs). The determining factors to determine risks for a GI event include an age greater than 65, a history of peptic ulcer, GI bleeding or perforation, concurrent use of Aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple non-steroid anti-inflammatory drugs (NSAIDs). The injured worker was noted to be using a NSAID, and although there was no documentation of the injured worker having a history of, or current gastrointestinal symptoms, the injured worker is 68 years old, which places him at a greater risk for a GI event. However, omeprazole is indicated for NSAID-induced ulcer prophylaxis at 20 mg once daily for up to 6 months. Therefore, the request for Omeprazole 20 mg Qty 60 is not medically necessary.