

Case Number:	CM15-0116899		
Date Assigned:	07/23/2015	Date of Injury:	06/14/2002
Decision Date:	09/17/2015	UR Denial Date:	05/21/2015
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: California

Certification(s)/Specialty: 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 59 year old female, who sustained an industrial injury on June 14, 2002. She reported cumulative trauma injuries of the neck, bilateral upper extremities, and lumbar spine. The injured worker was diagnosed as having sciatica, cervicgia, disorders sacrum, and lumbar disc displacement without myelopathy. Diagnostic studies to date have included: The medical records refer to an MRI of the lumbar spine performed on January 26, 2007, which revealed some disk desiccation at lumbar 4 through sacral 1. The medical records refer to an MRI of the lumbar spine performed on August 21, 2014. The reports for these MRIs are not included in the provided medical records. Surgeries to date have included: a cervical spine fusion in 2014. Treatment to date has included self-directed aquatic exercise program and medications including opioid analgesic, a partial opioid agonist, topical analgesic, anti-epilepsy, proton pump inhibitor, and muscle relaxant. Other noted dates of injury documented in the medical record include: 1995. On May 4, 2015, the injured worker complained of continued, intermittent low back pain, without acute changes. She reported some days are worse than others. She continued to use her medications intermittently. She complained of heartburn and abdominal pain, also. The treating physician noted she had a history of gastroesophageal reflux disease. The physical exam revealed lumbar spine spasm and guarding. Her work status is described as permanent and stationary with permanent disability. The treatment plan includes continuing Tramadol HCL and Aciphex.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tramadol HCL 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 29, 77, 94.

Decision rationale: The chronic pain section of the MTUS notes that ultram or tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids. It is also used to treat generalized moderate to moderate to severe pain. The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. The patient has had chronic pain and has been treated with various modalities and her pain is best treated now with Ultram. She should be afforded the use of this medicine at this point. The UR decision is reversed. The request is medically necessary.

(1) Prescription of Aciphex 20mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 68, 69. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

Decision rationale: Aciphex is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. The above patient has symptomatic heartburn and GERD and should be afforded use of this medicine. The UR decision is reversed. The request is medically necessary.