

Case Number:	CM15-0121637		
Date Assigned:	07/02/2015	Date of Injury:	04/30/1997
Decision Date:	09/08/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency 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 55 year old female injured worker suffered an industrial injury on 04/30/1997. The diagnoses included cervical and lumbar disc herniation. The injured worker had been treated with medications. On 4/1/2015 the treating provider reported persistent neck and lower back pain with leg spasms that had associated numbness and weakness. There was difficulty with walking, standing and a cane was used for mobility. On exam there was cervical and lumbar muscle tenderness with decreased range of motion. The injured worker had not returned to work. The injured worker had been on long term usage of Norco. The treatment plan included Prilosec and Ultram ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of nonsteroidal anti-inflammatory drug (NSAID). The documentation provided indicated there was no evidence of nonsteroidal anti-inflammatory drugs in use. The IW reported no gastrointestinal symptoms. The records did not include an abdominal exam. It was unclear what for which indication this medication was used. Therefore Prilosec was not medically necessary.

Ultram ER 150mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Ca MTUS discourages long term usage unless there is evidence of "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; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided did not include the rationale, indication or treatment plan for which Ultram was prescribed. There was no comprehensive pain assessment or evaluation. Therefore Ultram ER was not medically necessary.