

Case Number:	CM15-0126438		
Date Assigned:	07/13/2015	Date of Injury:	08/11/2004
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: Connecticut, California, Virginia

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 54 year old female who sustained an industrial injury on August 11, 2004. She has reported pain in the neck. Diagnosis included degeneration of the cervical intervertebral disc, spinal stenosis in the cervical region, brachial neuritis or radiculitis not otherwise specified, and neck sprain. Treatment has included medications. There was full range of motion of the neck. There was some slight neck pain at the extremes of motion. There was full range of motion of all major joints of the upper extremities. The treatment request included Prilosec and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Prilosec 20mg #180: Overturned

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 symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: It has been stated by utilization review with non-certifications for a Prilosec that the patient is not currently at high risk for gastrointestinal complications. Provided clinical notes request Prilosec but the most recent note provides no evidence of GI complaints or objective physical findings to warrant continued use. Review of systems does not mention anything concerning with regard to the gastrointestinal system. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is not formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. The documents provide a letter indicating that the primary treating physician has legitimate concern for gastrointestinal complications due to continued pharmacologic treatment. At this time, the request for Prilosec is considered medically appropriate based on the provided documents; future documentation should discuss the need for continued treatment (including review of systems/exam findings) if further requests for the drug are made.

Pharmacy purchase of Tramadol 50mg QTY: 180: Upheld

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

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Ultram in the requested quantity is not considered medically necessary. If functional improvement as generally noted by the requesting physician is well documented and measured objectively in future notes, further consideration of extended treatment may be reasonable.