

Case Number:	CM15-0128347		
Date Assigned:	07/15/2015	Date of Injury:	07/23/1998
Decision Date:	08/11/2015	UR Denial Date:	06/21/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 70 year old male, who sustained an industrial injury on 7/23/98. The injured worker was diagnosed as having cervical radiculopathy, headaches, depression, gastroesophageal reflux disorder, hypertension, and coronary artery disease. Treatment to date has included C3-4 cervical spinal fusion and medication. On 6/1/15, pain was rated as 7/10 with medication and 10/10 without medication. The injured worker also reported medical associated gastrointestinal upset. The injured worker had been taking Tramadol and Prilosec since at least 3/9/15. Currently, the injured worker complains of neck pain with radiation to bilateral upper extremities and low back pain that radiates down bilateral lower extremities. The treating physician requested authorization for Prilosec DR 20mg #185 and Tramadol ER 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Prilosec DR 20mg, #185: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker complains of GERD with the use of NSAIDs. He received a 6-month prescription of Prilosec on 3/29/15; therefore, there is no medical necessity for another prescription at this time. The request for (1) prescription of Prilosec DR 20mg, #185 is not medically necessary.

(1) Prescription of Tramadol ER 300mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker was given a trial prescription of Tramadol on 3/19/15 without a subjective decrease in pain or increase in function. The injured worker actually states that his condition has worsened since that visit, therefore, the request for (1) Prescription of Tramadol ER 300mg, #90 is not medically necessary.