

Case Number:	CM15-0170894		
Date Assigned:	09/11/2015	Date of Injury:	06/28/2014
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/31/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male who sustained an industrial injury on 06-28-2014. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, tear of the medial cartilage or meniscus of the knee, and abnormality of gait. The only physician progress note dated 07-27-2015 documents the injured worker complains of lower back and right knee pain with radiation to his legs. He has weakness in his legs. He also complains of pain in his right arm after he fell due to the weakness in his legs. He rates his pain as 7 out of 10 at its best and 9 out of 10 at its worst. The pain is decreased with his medications. He states his pain has worsened since his recent fall. He can walk ½ a block with a cane before having to stop because of his pain. He avoids going to work, driving, social functions, shopping, housework and exercising due to pain. On examination he has lumbar restricted painful range of motion and there is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is positive straight leg raise test on the right in the seated and supine position. His hip reveals point tenderness to palpation over the greater trochanter on the right consistent with trochanteric bursitis. There is diminished sensation in the right L5 and S1 dermatomes. Treatments were not present for review. There were not diagnostic studies present for review. Current medications include Tramadol ER, Omeprazole and Norco. A urine drug screen done on 02-10-2015 and on 06-29-2015 were consistent with his medications. He is not working. On 07-28-2015 the Utilization Review modified the requested treatment of Tramadol (Ultram) ER 100mg #30 to 15 tablets of Tramadol ER 100mg between 07-23-2015 and 09-06-2015. There was no documentation that the injured worker has had objective measurable therapeutic benefit,

including measurable decrease in pain and increase in function. Omeprazole 20mg #60 was non-certified. There was no documentation that the injured worker would be at increased risk for gastrointestinal events, and no evidence that the injured worker had symptomatology of gastrointestinal events that would likely benefit from the use of this medication. Norco 10/325mg #60 modified the request to 30 tablets of Norco 10-325mg between 07-23-2015 and 09-06-2015 for weaning. There is no documentation that the injured worker had objective measurable therapeutic benefit from the use of this medication evident by measurable decrease in pain score and increase in his level of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (Ultram) ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." In this case, there is no clear evidence of objective and recent functional and pain improvement from previous use of narcotics. There is no clear documentation of the efficacy/safety of previous use of opioids. Therefore, the prescription of Tramadol ER 100mg # 30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for

gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.