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| Case Number: | CM15-0171288 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 06/21/2001 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/27/2015 |
| 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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2001. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Tramadol and Prilosec. The claims administrator referenced an August 1, 2015 progress note and associated August 19, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Flexeril, Nalfon, Prilosec, Ultram ER, and Norco, it was reported. Several of the same were refilled. Urine drug testing was endorsed. It was seemingly suggested (but not clearly stated) that the applicant was employing Prilosec for cytoprotective effect (as opposed for actual symptoms of reflux). The applicant was placed off of work, on total temporary disability, for 45 days. Little-to-no seeming discussion of medication efficacy transpired. On August 1, 2015, the applicant reported ongoing complaints of low back, leg, and SI joint pain. The applicant was given prescriptions for Flexeril, Nalfon, Prilosec, and Tramadol. Drug testing was endorsed. The applicant's permanent work restrictions were renewed. It was suggested (but not clearly stated) the applicant was not, in fact, working with said limitations in place. On September 11, 2015, the applicant reported ongoing issues with low back, neck, and sacroiliac joint pain. The attending provider stated that the applicant's pain scores were reduced from 7/10 without medications to 4/10 with medications. Multiple medications and topical compounds were endorsed. The applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 8/1/15) Ultram ER 150mg #90: 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: No, the request for Tramadol (Ultram), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with permanent limitations in place, as suggested (but not clearly stated) on September 11, 2015 and August 1, 2015. The applicant was off of work, on total temporary disability, it was reported on earlier note dated May 27, 2015, strongly suggesting that the applicant was not working as of the August 1, 2015 date of service at issue. While the attending provider did identify some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports, were, however, outweighed by the applicant's seemingly failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvement in function (if any) suspected as a result of ongoing Ultram (Tramadol) usage. Therefore, the request was not medically necessary.

Retrospective (dos 8/1/15) Prilosec 20mg #90: 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: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that Prilosec was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant was only using one NSAID, Nalfon, the applicant was not using NSAIDs in conjunction with corticosteroids, the applicant had no known history of GI bleeding and/or peptic ulcer disease, and the applicant was less than 65 years of age (age 56 per a historical Utilization Review report of March 10, 2015). Therefore, the request was not medically necessary.

