

Case Number:	CM15-0172836		
Date Assigned:	09/14/2015	Date of Injury:	08/08/2001
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/02/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 8-8-01. The injured worker was diagnosed as having degeneration disc disease lumbar; lumbosacral intervertebral disc; other affections of shoulder region not elsewhere classified; left shoulder impingement syndrome; complete rupture of rotator cuff; major depressive disorder. Treatment to date has included physical therapy; psychopharmacological therapy; medications. Diagnostics studies included CT scan left shoulder (5-16-13). Currently, the PR-2 notes dated 8-25-15 indicated the injured worker complains of continued low back pains and shoulder pains. The provider documents "He just got his medications, Gabapentin, Tramadol, Cymbalta, Trazadone (by [REDACTED]) and Celebrex, and Nexium (by [REDACTED])." The provider notes he does exercise daily and walks a lot, but the low back pains continue. The provider notes that the injured worker has GI problems and he had an endoscopy November of 2013 that was normal. The provider notes that the injured worker "occasionally hears voices." The provider also notes the injured worker has had "left knee surgery for a meniscal tear that showed slight chondromalacia". Objective findings are documented as: "He can walk on his heels or tip toes for a couple of steps, but he gets pain behind the left knee. Left shoulder still has a painful arc of motion. Flexion is to 150, abduction is 150, external rotation is 80 and internal rotation is 80." The provider notes "low back: Flexion is 70 at the waist with a lot of low back pains. He has tightness with straight leg raises." The provider documents a CT scan of the left shoulder dated 5-16-13 "does not show any arthritis and no acute osseous abnormality". The provider reviewed the pain medications prescribed and indicates he wants him to continue the same medications. There is no definitive

start date of any of the medications. But the provider does document "He is off hydrocodone. Norco did help his pains more." The PR-2 notes dated 3-10-15 indicated the injured worker is "asking for a stronger Tramadol. He gets itching and feels lazy with the long acting. He is having more problems bending over. He does exercise with walking and bike riding. He does not abuse the medications. There has been no aberrant behavior. He is able to function 60% better with the medications. He has a lot of left sided low back pains with numbness going down the outside of the left thigh. Sometimes he locks himself in the bedroom for 2 hours." The treatment plan on this date documents "He needs a few extra pills because there is always a few days to get it authorized. Currently he is taking OxyContin 20mg twice a day, but it is not working. He either needs more or stronger or both, because he gets severe headaches when he stops abruptly. Nexium and Celebrex. Add Trazadone 150mg at bedtime for sleep and night pains, add hydrocodone." A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-31-15 and non-certified for Nexium 40mg, #60 with 5 refills and modified Tramadol HCL 50mg, #240 with 5 refills as "0" refills. The Utilization Review decisions for these medications were denied for not meeting the CA MTUS, 2009, Chronic Pain guidelines. The provider is requesting authorization of Nexium 40mg, #60 with 5 refills and Tramadol HCL 50mg, #240 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg, #60 with 5 refills: 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: CA MTUS recommends the use of proton pump inhibitors (PPI) such as Nexium for patients at risk of GI side effects who are taking NSAIDs. In this case, the patient is taking an NSAID, Celebrex, however does not have any documented risk factor for GI side effects, including; age over 65; history of PUD, GI hemorrhage, perforation; taking ASA, corticosteroids, anticoagulants; taking high dose/multiple NSAIDs. In addition, the progress note of 6/3/2015 states the patient is taking both Omeprazole and Nexium without rationale for two PPIs. Further, the patient had a normal upper endoscopy in November of 2013, which does not support the use of Nexium. Therefore, based on the above findings, this request is not medically necessary or appropriate.

Tramadol HCL 50mg, #240 with 5 refills: 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: CA MTUS states that Tramadol is a synthetic opioid indicated for mild to moderate pain. Guidelines also state that ongoing opioid therapy should include ongoing review and documentation of pain relief, functional improvement, appropriate medication usage and side effects. In this case, the patient is being treated for chronic low back pain and chronic shoulder pain. There is no documentation of compliance with a pain management contract. The "4 A's" are not addressed. There is also no significant functional gain reported with the use of Tramadol. A plan for reduction and discontinuance of Tramadol is also not documented. Therefore, based on the above lack of documentation and findings, there is no medical necessity established for continuance of Tramadol. The request is not medically necessary.