

Case Number:	CM15-0173533		
Date Assigned:	09/15/2015	Date of Injury:	08/24/2011
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
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: Texas, California

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 53 year old male who sustained a work related injury August 24, 2011. According to a treating physician's supplemental report dated August 3, 2015, the injured worker presented with persistent back and left shoulder pain, documented as unchanged. He is taking ibuprofen 800mg twice daily but it is not providing pain relief. He reports performing a daily home exercise program. Objective findings included; left scalene and left pectoralis minor tenderness; restricted range of motion with left shoulder abduction to 160 degrees and left positive test; left cubital tunnel, Tinel's; lumbar spine tenderness and referred back pain. The patient has had positive SLR, positive root test. Diagnostic impressions are bilateral L5 spondylolysis-spondylolisthesis; small left rotator cuff full thickness tear; left post-traumatic thoracic outlet syndrome; depressive disorder. Treatment plan included to continue with exercise program and at issue, a request for authorization dated August 12, 2015, for Prilosec and Tramadol. An MRI of the left knee dated April 2, 2015 (report present in the medical record) impression revealed a complex tear of the posterior horn and body of the medial meniscus; suspect small horizontal tear involving the body of the lateral meniscus; intact anterior and posterior cruciate, and medial and lateral collateral ligaments; no fracture, bone contusion, osteochondral defect, or chondromalacia, no degenerative osteoarthritis. An MRI of the lumbar spine dated April 2, 2015 (reports present in the medical record) impression: a 2.0 mm central protruded disc at the L2-3 interspace, 1.0 mm central protruded disc at the L3-4 interspace, and 3.0 mm central protruded disc at the L4-5 interspace, without significant central spinal. Lateral recess, or foraminal stenosis at any level. A mild grade I anterolisthesis of the L5-S1 interspace,

without associated spondylolysis; there is also a 2.0 mm central protruded disc with annular tear, there is no significant central spinal, lateral recess, or foraminal stenosis. A drug screen report dated August 3, 2015, (report present in the medical record) is consistent. According to utilization review dated August 20, 2015, the request for Prilosec 20mg #30 is non-certified. The request for Tramadol 50mg #60 is non-certified. Per the note dated 8/3/15 the patient had complaints of chronic left shoulder and low back pain. The patient has had history of gastritis with use of Advil. The patient sustained the injury due to fall. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The medication list includes ibuprofen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

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

Decision rationale: Request Prilosec 20mg, #30. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has had history of gastritis with use of Advil. The patient has had nausea with medications and also he is taking ibuprofen. Therefore there are significant GI symptoms, along with NSAID use. The request for Prilosec 20mg, #30 is medically necessary and appropriate for this patient.

Tramadol 50mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Opioids, criterion for use; Opioids, weaning.

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

Decision rationale: Tramadol 50mg, #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g.,

Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. Objective findings included; left scalene and left pectoralis minor tenderness; restricted range of motion with left shoulder abduction to 160 degrees and left positive test; left cubital tunnel, Tinel's; lumbar spine tenderness and referred back pain. The patient has had positive SLR, positive root test. Diagnostic impressions are bilateral L5 spondylolysis-spondylolisthesis; small left rotator cuff full thickness tear; left post-traumatic thoracic outlet syndrome; depressive disorder. The patient has objective evidence of abnormalities on MRI of lumbar spine and MRI of knee. A drug screen report dated August 3, 2015, (report present in the medical record) is consistent. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain with significant abnormal objective findings and the patient's medical condition can have intermittent exacerbations. Having tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 50mg, #60 is medically appropriate and necessary.