

Case Number:	CM15-0046399		
Date Assigned:	03/18/2015	Date of Injury:	09/24/2012
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 24, 2012. In a utilization review report dated February 11, 2013, the claims administrator failed to approve a request for tramadol and Prilosec. A progress note and RFA form of January 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On January 24, 2015, the applicant reported ongoing complaints of ankle and foot pain, 7/10 to 8/10. The applicant was using tramadol, Motrin, and topical compounded medications, it was acknowledged. The applicant reported gastrointestinal symptoms, it was stated in one section of the note. The applicant did exhibit slightly antalgic gait. Tramadol and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. It was suggested (but not clearly stated) that the request for Prilosec was a first-time request. Conversely, the request for tramadol was framed as a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Tramadol 50mg po bid prn #60 for right ankle pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol, a synthetic opioid, is 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 was off of work, on total temporary disability, as of the date tramadol was renewed, on January 24, 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of the same. Pain complaints in the 7/10 to 8/10 range were reported on January 24, 2015, despite ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Prilosec 20mg po qam #30 for gastrointestinal symptoms: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for Prilosec (omeprazole), a proton pump inhibitor, is medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia seemingly present here on January 24, 2015. Introduction of Prilosec, thus, was indicated on or around the date in question. Therefore, the request is medically necessary.