

Case Number:	CM15-0062883		
Date Assigned:	04/08/2015	Date of Injury:	01/14/2014
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, 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 43 year old male who sustained an industrial injury on 1/14/14. The diagnoses have included status post injury with rib contusion the left side, improved, right hip contusion, lumbar sprain/strain with radiculopathy in the right lower extremity, thoracic back strain with associated spasm, cervical strain/sprain. Treatment to date has included medications, diagnostics, cognitive therapy, mental health therapy and chiropractic. The Magnetic Resonance Imaging (MRI) was done on 3/5/15. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 3/5/15. The current medications included Bupropion, Omeprazole, Fenopropfen, Tramadol, Gabapentin, Terocin lotion and Lidocaine patches. Currently, as per the physician progress note dated 3/5/15, the injured worker complains of dropping things with the right hand and associated weakness. He continues to have right lower extremity discomfort with burning. Physical exam revealed dysfunction with motion of the cervical spine. The motion was globally restricted. The thoracic spine revealed muscle guarding with spasm. There was positive straight leg raise on the right and sensation abnormality. There was spasm in the lumbar region with tenderness and guarding with decreased range of motion in the lumbar spine. The pain was rated about 8-8.5/10 on pain scale without medications and decreases to 4/10 with medication use. The physician noted that he recommended re-fill of medications and that he could not reduce the medications any further or the injured worker would not be functional. The physician requested treatments included Fenopropfen 400mg 30-day supply #60, Tramadol 150mg 30-day supply #60, and Omeprazole 20mg 30-day supply #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg, 30-day supply, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind using Fenoprofen Calcium. NSAIDs should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Fenoprofen Calcium. There is no documentation of pain and functional improvement with previous use of Fenoprofen. Therefore, the request for Fenoprofen 400MG #60 is not medically necessary.

Tramadol 150mg, 30-day supply, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

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. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent

evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol 150 mg #60 is not medically necessary.

Omeprazole 20mg, 30-day supply, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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, Omeprazole 20mg #60 is not medically necessary.