

Case Number:	CM15-0069866		
Date Assigned:	04/17/2015	Date of Injury:	08/28/2009
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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 63-year-old who has filed a claim for chronic shoulder, ankle, and low back pain reportedly associated with an industrial injury of August 27, 2009. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve requests for Prilosec, tramadol, and Voltaren. An order form dated January 16, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported ongoing complaints of low back pain, shoulder pain, muscle spasms, and lower extremity paresthesias. A rather proscriptive 10-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Unspecified medications were refilled. The attending provider stated that his medications were helpful but declined to elaborate further. In a November 21, 2014 progress note, the attending provider again refilled unspecified medications under a separate cover, stating that said medications were helpful. This was not, however, elaborated or expounded upon. Permanent work restrictions imposed by a medical-legal evaluator were renewed. The actual name of the medications the applicant was using was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (omeprazole) 20mg #90 (DOS 1/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, present on the January 15, 2015 progress note in question. Therefore, the request was not medically necessary.

Ultram ER (tramadol) 150mg #60 (DOS 1/16/15): Upheld

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

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

Decision rationale: Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise 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. The applicant did not appear to be working following imposition of a rather proscriptive 10-pound lifting limitation by an Agreed Medical Evaluator (AME). While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Voltaren 100mg # 2 bottles (DOS 1/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Potassium. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-selective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for oral Voltaren, an NSAID medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS

Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider did not detail how precisely unnamed medications, including Voltaren, had proven beneficial. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. Ongoing usage of Voltaren failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of oral Voltaren. Therefore, the request was not medically necessary.