MAXIMUS Federal Services

Case Number:	CM15-0070016		
Date Assigned:	04/17/2015	Date of Injury:	11/30/2008
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
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 51-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of November 30, 2008. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for tramadol and Prilosec. A February 24, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain, 5 to 7/10, worsening over time. In another section of the note, it was stated that the applicant's usage of pain medications was reducing his pain scores from 9/10 without medications and 5/10 with medications. The applicant had developed Motrin-induced dyspepsia, it was acknowledged. The applicant was apparently deriving some relief of the same, through usage of omeprazole. Tramadol was endorsed in the lieu of Motrin. Motrin was discontinued. Prilosec was continued. The applicant was not working with a rather proscriptive 10-pound lifting limitation in place, it was acknowledged. On January 26, 2015, it was again noted that the applicant was not working. The applicant was using Motrin and Prilosec as of this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol 50 mg) #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter: Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Tramadol Page(s): 113; 94.

Decision rationale: Yes, the request for tramadol (Ultram) was medically necessary, medically appropriate, and indicated here. While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first line oral analgesic, in this case, however, the applicant had apparently failed a first line oral analgesic, ibuprofen, owing to issues with dyspepsia generated by the same. Introduction of tramadol, thus, was indicated on or around the date in question. The applicant did have moderate-to-severe knee complaints on February 24, 2015. Tramadol, per page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, is indicated in the treatment of the same. Therefore, the first-time request for tramadol was medically necessary.

Prilosec (Omeprazole 20 mg) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation ODG formulary.

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

Decision rationale: Similarly, the request for Prilosec (omeprazole), a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as Prilosec are indicated in the treatment of the NSAID-induced dyspepsia. The applicant had apparently developed issues with Motrin-induced dyspepsia. Usage of omeprazole (Prilosec) had attenuated the same, the treating provider reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.