

Case Number:	CM15-0093561		
Date Assigned:	05/19/2015	Date of Injury:	10/02/2009
Decision Date:	06/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 York
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial/work injury on 10/2/09. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral neuritis/radiculopathy, lumbar disc protrusion, lumbar facet syndrome, lumbar spondylolisthesis, and lumbar spondylosis. Treatment to date has included medication and home exercises. MRI results were reported on 12/4/13 of the lumbar spine that revealed left lower extremity radiculopathy at L4-5, herniated nucleus pulposus at L4-5 level (8 mm), critical stenosis with spondylolisthesis, and stenosis and protrusion at L3-4 and L4-5. Currently, the injured worker complains of constant low back pain rated 5/10 radiating to the left lower extremity with numbness and tingling. Pain without medication was 9/10. Per the primary physician's progress report (PR-2) on 3/3/15, examination revealed lumbar range of motion: flexion 50 degrees, extension 10 degrees, right lateral flexion 15 degrees, left lateral flexion 15 degrees. A Toradol injection was given into the gluteus muscle. Current plan of care included medication for pain management. The requested treatments include Retrospective 60 Omeprazole 20mg, Retrospective 90 Tramadol 150mg, Retrospective 60 Sentra AM, Retrospective 60 Sentra PM, and Retrospective Toradol 60mg Injection to Gluteus Muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Omeprazole 20mg DOS: 1/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart document the IW is receiving NSAIDs, but does not describe any abdominal upset or side effects related to these medications. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Without these conditions, omeprazole is not medically necessary based on the MTUS.

Retrospective 90 Tramadol 150mg DOS: 1/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Retrospective 60 Sentra AM DOS: 1/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://nutrientpharmacology.com/sentra_AM.html.

Decision rationale: CA MTUS and ODG are silent on this topic. Sentra is a Medical Food which contains choline and acetylcarnitine as precursors to acetylcholine production as well as multiple other components. The use of this medication is not supported by evidence based guidelines. Additionally, the body does not require supplementation of choline for any know medical condition. As this medication is not supported by evidence based medicine, it is determined to be medically not necessary.

Retrospective 60 Sentra PM DOS: 1/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://nutrientpharmacology.com/sentra_AM.html.

Decision rationale: CA MTUS and ODG are silent on this topic. Sentra is a Medical Food which contains choline and acetylcarnitine as precursors to acetylcholine production as well as multiple other components. The use of this medication is not supported by evidence based guidelines. Additionally, the body does not require supplementation of choline for any know medical condition. As this medication is not supported by evidence based medicine, it is determined to be medically not necessary.

Retrospective Toradol 60mg Injection to Gluteus Muscle DOS: 1/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to CA MTUS chronic pain guidelines, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. Further recommendations are for the lowest dose for a minimal duration of time. Specific recommendations for Toradol (ketorolac), state "this medication is not indicated for minor or chronic painful conditions." The documentation does not support improvement of symptoms with NSAIDs currently prescribed. As this is a chronic pain conditions, the request is medically not necessary.