

Case Number:	CM15-0098718		
Date Assigned:	06/01/2015	Date of Injury:	09/13/2005
Decision Date:	06/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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, Florida, 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:

This 59 year old male sustained an industrial injury to the neck on 9/13/05. Previous treatment included magnetic resonance imaging, cervical fusion, epidural steroid injections and medications. In a PR-2 dated 4/22/15, the physician noted that the injured worker was basically stable on his medications and was not seeking any other therapy at this time. The injured worker had been on heavy doses of Oxycontin, Opana and different types of major medications but had undergone a successful wean with another physician. Current diagnoses included cervical discogenic disease, status post surgery, lumbar discogenic disease status post repair and right knee total arthroplasty. The treatment plan included weaning medications further with Norco decreased to 90 tablets per month, adding Tramadol to take the place of the lost medications, adding Amitriptyline and continuing Celebrex and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13 83 and 113 of 127.

Decision rationale: This claimant was injured in 2005. Previous treatment had been cervical fusion, epidural steroid injections, and medicines. As of April, the claimant was stable on medicine, and sought no other treatment. They plan to wean the medicine. The tramadol would take the place of the decreased Norco. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. Also, Tramadol is considered an analogue to a Narcotic, so replacing Norco with Tramadol does not seem like a solid opiate weaning strategy. The request is not certified.

Nexium 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page 68 of 127.

Decision rationale: This claimant was injured in 2005. Previous treatment had been cervical fusion, ESI and Medicines. As of April, the claimant was stable on medicine, and sought no other treatment. They plan to wean the medicine. There is no mention of gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.