

Case Number:	CM14-0142767		
Date Assigned:	09/10/2014	Date of Injury:	06/23/2000
Decision Date:	10/15/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old male with a reported injury on 06/23/2000. The mechanism of injury was not provided. The injured worker's diagnoses included degenerative disc disease of the lumbar spine and sacroiliitis. The injured worker's past treatments included medications. On the clinical note dated 08/01/2014, the injured worker complained of constant pain in the back with radiation to the right lower extremity. The medical records noted the injured worker had modified activity level. On the clinical note dated 08/28/2014, the injured worker had numbness on the right thigh. The medical records indicate that tramadol and NSAIDS helped with his ability to perform activities of daily living. There was a urine drug screen obtained on 08/01/2014 that was consistent with the medication regimen. The medical records indicate there were no side effects and the medications were well tolerated. The injured worker's medications included Glucophage, captopril, Ultram ER, Anaprox DS, and Prilosec. The medical records did not provide the frequency and dosage of the medications. The request was for Ultram extended release 150 mg #30 with 1 refill between 08/01/2014 and 10/06/2014 and Prilosec DR 20 mg #60 with 2 refills between 08/01/2014 and 11/05/2014. The rationale for the request was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg #30 with 1 refill between 8/1/14 and 10/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The injured worker is diagnosed with degenerative disc disease of the lumbar spine and sacroiliitis. The California MTUS Guidelines recommend an ongoing review of opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is a synthetic opioid affecting the central nervous system. Additionally, the guidelines recommend opioids for chronic back pain is limited for short term pain relief no greater than 16 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation included a recent drug screen that was consistent with the medication regimen on 08/01/2014 and the injured worker denied side effects of the medications. There is lack of documentation indicating the injured worker had significant objective functional improvement and pain relief with the medication. Also, the request does not indicate the frequency of the medication. As such, the request for Ultram ER 150 mg #30 with 1 refill between 08/01/2014 and 10/06/2014 is not medically necessary.

Prilosec DR 20mg #60 with 2 refills between 8/1/14 and 11/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for Prilosec DR 20 mg #60 with 2 refills between 08/01/2014 and 11/05/2014 is not medically necessary. The injured worker is diagnosed with degenerative disc disease of the lumbar spine and sacroiliitis. The California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the injured worker is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of a history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any documentation of current gastrointestinal issues. The injured worker is prescribed Anaprox DS as an NSAID; however, there is a lack of documentation of side effects related to gastrointestinal issues from this medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Prilosec DR 20 mg #60 with 2 refills between 08/01/2014 and 11/05/2014 is not medically necessary.