

<b>Case Number:</b>	CM13-0008934		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 47 yo male who sustained an injury on 03/28/2013. The mechanism of injury was not provided. His diagnoses include neck pain, low back pain, left shoulder pain and right wrist pain. He continues to complain of pain in these areas and has undergone radiographic evaluations include MRI studies. On exam there is palpable muscle spasm in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion. There were no neurologic abnormalities noted. Treatment includes medical therapy Tramadol and topical agents. The treating provider had requested Omeprazole 20mg #120, Sumatriptan succinate 25mg, Medrox patch #30, Tramadol 150mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST (DOS: 7/15/13) 120 OMEPRAZOLE 20MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 68.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There

is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 7/15/13) OF SUMATRIPTAN SUCCINATE 25MG:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Head (trauma, headaches, etc, not including stress & mental disorders)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine- Treatment of Migraines 2012

**Decision rationale:** There is no documentation provided indicating the claimant has a diagnosis of migraine headaches on the basis of his work related injury. There is no documentation of the location, prodromal symptoms, nature and extent of the headaches. There is also no documentation of trigger events. He has cervical disc disease and is maintained on multiple medications including opiates, that are indicated for the treatment of cephalgia related to muscle tension or stress. There is no established diagnosis of migraines for which triptans such as Sumatriptan are medically indicated. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 7/15/13) OF 30 MEDROX PATCH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication, Medrox Patch. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control ( including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not

responded or are intolerant to other treatments There is no documentation of failure of oral medication therapy. The requested treatment is not medically necessary.

**RETROSPECTIVE REQUEST (DOS: 7/15/13) OF 90 TRAMADOL 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 ( pdf format) Page(s): 93, 94-96.

**Decision rationale:** The review of the medical documentation indicates that the requested medication, Ultram is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram ( Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.