

<b>Case Number:</b>	CM13-0013676		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 52 year old male with a 3/27/2013 date of injury, when his foot was caught in tractor tire and was twisted and crushed. An 8/1/13 determination was modified. Tramadol was modified from #90 to #45. Naproxen and Omeprazole were non-certified. Tramadol was modified to allow weaning. Naproxen was non-certified given that NSAIDs are indicated for short-term use and there was non-applicability to an over the counter NSAID. Omeprazole was non-certified given no evidence that the patient is at significantly increased risk for GI upset/bleed. Records indicate that the patient was previously on ibuprofen 800mg and hydrocodone/acetaminophen 5/500 from the primary care physician. There were several reports stating that the medication did not help with the pain. The patient was initially seen by the orthopedic surgeon on 6/12/13. There was left leg, left ankle, and left foot pain rated 4-6/10. Exam revealed lateral malleolar edema and reduced range of motion. Left ankle dorsiflexion 10/15, plantar flexion 10/40, inversion 22/30 degrees, and eversion 18/20 degrees. Diagnoses include left foot/ankle paresthesias, left ankle sprain, and left foot sprain. The provided initiated Naprosyn, Omeprazole, and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF 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 Section 9792.24.2 Page(s): 82.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient was injured on 3/27/13 and was initially given ibuprofen 800mg and hydrocodone/acetaminophen 5/500. The patient was referred to an orthopedic surgeon consultation due to continued symptomatology and no relief with medications. The orthopedic surgeon initiated the patient on Tramadol to be taken 3 times a day. In this context, the medication is appropriate given failure of other opioid medication to adequately address the patient's pain. However, there is no indication of a current urine drug test, risk assessment profile, and an updated and signed pain contract between the provider and claimant. There is also no indication that the patient will receive medications only from the orthopedic surgeon. The prior determination provided a modified certification, which would be appropriate to provide an opportunity to provide the missing documented or wean opioid medication. However, given medication guideline non-compliance, the request as made was not medically necessary.

**1 PRESCRIPTION OF NAPROXEN 550MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 67-68 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient was previously taking ibuprofen and it was not adequately addressing the patient's pain, therefore, the orthopedic surgeon initiated Naproxen. In this context the continuation of a NSAID is appropriate.

**1 PRESCRIPTION OF OMEPRAZOLE 20MG #30: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 68 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The MTUS Chronic Pain Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was previously taking Ibuprofen and Hydrocodone/APAP (500mg). The patient was changed to Naproxen due to no efficacy from previous medications. Given prior chronic NSAID therapy and the

recommendation to continue NSAIDs, the requested omeprazole is appropriate as a gastroprotectant.