

<b>Case Number:</b>	CM13-0025569		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 female patient with a date of injury of December 6, 2006. A utilization review determination dated September 9, 2013 recommends non-certification for tramadol ER, omeprazole, nabumetone, and Medrox. A urine toxicology report dated January 10, 2013 identifies no evidence of opiates. A radiology report dated September 5, 2012 states "55-year-old female with a history of chronic heartburn." The impression identifies no pathologic abdominal findings or gallbladder disease. A progress report dated July 25, 2013 identifies subjective complaints stating, "the patient returns today complaining of persistent symptoms. No treatment has been authorized and nothing has been scheduled to date. The patient also complains of increased right-sided lower lumbar spine pain along with right lower extremity radiculopathy. He complains of not sleeping well." The note goes on to identify objective findings including positive straight leg raise, tenderness to palpation around the lumbar spine, positive McMurray's test in the right knee, tenderness to palpation around the right foot and ankle, and decreased sensation in the L5 distribution on the right. Diagnoses include cervical spine sprain strain, lumbar spine strain sprain, right knee strain sprain, right lower extremity radiculitis, right ankle strain sprain, and right peroneal tendinitis. The note also goes on to identify medications being recommended include Norco, Condrolite, Nabumetone, omeprazole "as a gastrointestinal protective agent associated with the use of nonsteroidal anti-inflammatory medications", tramadol ER, and Medrox. The note goes on to state "I believe these medications will enhance pain relief, help restore function and improve overall ability to better perform activities of daily living." A progress report dated June 13, 2013 includes subjective complaints stating "the patient returns today complaining of persistent symptoms. No treatment has been authorized and nothing has been scheduled to date. The p

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol ER 150mg:** 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 opioids Page(s): 75-79.

**Decision rationale:** Regarding the request for Ultram ER (Tramadol), the California Pain Medical Treatment Guidelines state that Ultram ER is a long version of a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that Ultram ER is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram ER is not medically necessary.

### **Omeprazole:** 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 NSAIDS Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors..

**Decision rationale:** Regarding the request for omeprazole, the Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors for patients that are on high-dose NSAIDs, and are therefore at high risk of gastrointestinal events. The ODG recommends proton pump inhibitors for patients who have a high-risk for gastrointestinal events. Within the documentation available for review, it is clear that the patient has a history of gastrointestinal issues due to the prescription of NSAIDs. However, there is no recent identification that the patient continues to have gastrointestinal complaints. The ongoing use of NSAIDs is addressed under the request for Relafan, but due to the diagnosis of NSAID induced gastropathy, should be discontinued. Since the Relafan is not medically necessary, and there are no recent complaints of gastrointestinal issues, the currently requested omeprazole is not medically necessary.

### **Nabematone 500mg:** 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 NSAIDS Page(s): 67-69.

**Decision rationale:** Regarding the request for Relafen (nabematone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. Within the documentation available for review, it appears the patient has a diagnosis of nonsteroidal anti-inflammatory drug-induced gastropathy. Additionally, there is no recent documentation indicating that the Relafen significantly reduces the patient's pain, or results in any objective functional improvement. Therefore, in light of the patient's significant gastrointestinal diagnosis and risk, as well as a lack of documentation of any pain reduction or objective functional improvement as a result of the Relafen, the currently requested Relafen is not medically necessary.

**Medrox patches:** 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.

**Decision rationale:** Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, the guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Especially in a patient with a diagnosis of NSAID induced gastropathy. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.