

<b>Case Number:</b>	CM13-0028655		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/06/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a 52 year old man who sustained a work-related injury on November 6, 2010. Subsequently he developed chronic low back pain and right knee pain. According to a note dated on August 19, 2013, the patient was treated with tramadol Prilosec Dendracin cream and ketoprofen some help with the pain. His physical examination demonstrated analgesic gait, lumbar tenderness with reduced range of motion, decreased sensation in the left L5-S1 dermatoma, decreased motor strength in the left lower extremity, positive slump test on the left. The patient was diagnosed with grade 1 spondylolisthesis at L5-S1, multiple herniated nucleosis pulposus of the lumbar spine, facet arthropathy of the lumbar spine and status post right knee surgery. The provider requested authorization to use tramadol and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gi Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 is not medically necessary.

**TRAMADOL 50MG QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a central acting analgesic that may be used in chronic pain. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. According to the patient file, his condition did improve with previous use of Tramadol. The improvement was not quantified and there is no clear evidence that the patient needs continuous use of Tramadol. There is no clear justification for the need for Tramadol. Therefore, the prescription of Tramadol 50mg#60 is not medically necessary at this time.