

<b>Case Number:</b>	CM13-0033754		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 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:

██████████ is a 57-year-old woman who sustained a work-related injury March 1, 2013. Subsequently she developed that left shoulder pain, headache and an antalgic gait. According to the progress notes dated July 19, 2013, the patient was complaining of left shoulder pain, headache, neck pain, right knee pain with giving up. Her physical examination demonstrated antalgic gait, tenderness to the right knee without knee instability, reduced mobility of the left shoulder. Her CT scan of the head performed on April 18, 2013 was normal. Her MRI of lower extremity performing May 7, 2013 demonstrated a complex tear of the medial meniscus. The patient was diagnosed with right knee medial and lateral meniscus tears, right knee strain, left shoulder strain and stiffness, cervical and lumbar spine pain. The patient was treated with physical therapy, ice therapy, Flexeril, Tylenol with codeine and Ibuprofen. The patient requested authorization to use Prilosec and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol:** 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 Tramadol, Criteria for use of opioids Page(s): 113, 179.

**Decision rationale:** According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. There is no clear justification for the request of Ultram. There is no documentation and objective evaluation of the patient response to the previously used medications and conservative therapies. In addition, there is no documentation of the duration of of the requested treatment as well as its frequency and dose are not documented in the request. Therefore, the prescription of Tramadol is not medically necessary at this time. More information are needed to reassess the need for this medication.

**Prilosec:** 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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Prilosec as well as other proton pump inhibitors are 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). There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec is not medically necessary.