

<b>Case Number:</b>	CM13-0036601		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 & Rehabilitation, and is licensed to practice in Texas. 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 patient is a 42-year-old male who reported an injury on 10/05/2011. The mechanism of injury was not provided. The progress note dated 09/03/2013 indicated the patient reported his symptoms were unchanged and continued with significant elbow and shoulder pain. Upon examination of the right shoulder, there was a positive Neer's test and positive Hawkins test. Raised abduction strength was 4/5. Range of motion of the right shoulder was abduction at 90 degrees, forward flexion at 90 degrees, internal rotation at 60 degrees, and external rotation at 80 degrees. Upon examination of the right elbow, there was tenderness over the lateral epicondyle. There was pain with resisted wrist flexion and resisted long finger extension. Motor strength was 5/5 in all muscle groups. The medications provided were Diclofenac XR 100 mg daily, tramadol ER 150 mg daily, and omeprazole 20 mg. It is noted the omeprazole was prescribed to reduce NSAID gastritis prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, PAGE 68-69 Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, PAGE.

**Decision rationale:** The MTUS Chronic Pain Guidelines state clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer; GI bleed or perforation; or concurrent use with ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The records submitted for review failed to include documentation of the patient being greater than 65 years, a history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. As such, the request for Omeprazole 20 mg #30 is not medically necessary and appropriate.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, PAGE 93 Page(s): 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ON-GOING MANAGEMENT, PAGE 78 Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation of measureable pain relief using the VAS, physical and psychosocial functional improvement, and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. As such, the request for tramadol ER 150 mg #30 is not medically necessary and appropriate.