

<b>Case Number:</b>	CM13-0036794		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/19/2013
<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 Occupational 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:

Patient is a 66-year-old female who has submitted a claim for cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, right shoulder rotator cuff tear status post repair, right carpal tunnel syndrome status post release, bilateral knee ligamentous injury, stress, anxiety, history of gastritis, and hypertension associated with an industrial injury date of 04/13/2010. Medical records from 2013 were reviewed. Patient complained of pain at the neck, bilateral shoulders, low back, and bilateral knees. Pain was graded 5 to 6/10 in severity. Patient reported that medications did not provide symptom relief. Progress report from June 2013 cited that patient had difficulty falling asleep due to chronic pain. Physical exam revealed tenderness at the right knee, cervical and lumbar spine. Treatment to date has included left shoulder surgery, right shoulder rotator cuff repair, right carpal tunnel release, physical therapy, and medications such as Prilosec and Ultram. Utilization review from 09/19/2013 denied the requests for Prilosec 20mg, #60; Remeron 15mg, #30; and Ultram 50mg, #60. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, progress report from June 2013 cited that Prilosec was prescribed for gastric symptoms associated with intake of chronic medications. However, recent progress reports failed to document subjective report that patient is experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the continuance of this medication. Response to treatment is likewise not documented. The guideline criteria were not met. Therefore, the request for PRILOSEC 20 MG, #60 is not medically necessary.

**REMERON 15 MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Insomnia Treatment.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality and next-day functioning. Sedating antidepressant, such as mirtazapine (Remeron), has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In this case, progress report from June 2013 cited that patient had difficulty falling asleep due to chronic pain. However, a comprehensive discussion concerning sleep hygiene was not included in the records submitted. Moreover, recent progress reports failed to provide evidence that present problems involve insomnia. The medical necessity was not established. Therefore, the request for Remeron 15mg, #30 is not medically necessary.

**ULTRAM 50 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. In this case, patient has been on opioids since July 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Moreover, the most recent progress report cited that current medications failed to provide symptom relief. Therefore, the request for ULTRAM 50 MG, #60 is not medically necessary.