

<b>Case Number:</b>	CM13-0037991		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/04/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Illinois. 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 injured worker is a 33-year-old male with a reported date of injury on 04/04/2009. The mechanism of injury was noted to be a fall from a ladder. His diagnoses were noted to include lumbar sprain, thoracic sprain, back contusion, chest contusion, and displacement of lumbar intervertebral disc without myelopathy. His previous treatments were noted to include medications. The progress note dated 01/29/2014 revealed the injured worker complained of his thoracic back being aching and wanted an epidural steroid injection. The physical examination noted no midline shift on the thoracic spine and there was no spinous process tenderness on the thoracic spine. There was paraspinal muscle tenderness without tight muscle band palpated in the thoracic paraspinal musculature. The lumbar examination revealed paraspinal muscle tenderness reported in the lumbar spine musculature. The range of motion testing revealed decreased flexion to 70 degrees, extension to 20 degrees, and a positive slump test with reproductive radicular complaints. The progress note dated 03/26/2014 revealed the injured worker complains of pain and uses Tramadol throughout the day and Vicodin up to once daily at the end of the day for breakthrough pain. The physical examination was deferred at the injured worker's request and/or at the provider's discretion. The provider indicated the Omeprazole was discontinued since it was no longer necessary due to no nonsteroidal anti-inflammatory drugs (NSAIDs). The provider reported the injured worker ambulated to the examination room without assistance and did not appear to be in any pain. The request for authorization form was not submitted within the medical records. The request is for Tramadol 60 tablets 50 mg for pain and 60 capsules of Omeprazole 20 mg for NSAID dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Tramadol 50MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 12/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale, side effects, and it is not indicated as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, absence of adverse effects, and without details regarding urine drug testing to verify for appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**60 Capsules of Omeprazole 20MG: 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 and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been taking this medication since at least 12/2013. The Chronic Pain Medical Treatment Guidelines recommend clinicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs. The injured worker is not taking NSAIDs at this time and the most recent progress note indicated the physician had discontinued this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.