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| <b>Case Number:</b>   | CM13-0046619 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 03/16/2009 |
| <b>Decision Date:</b> | 02/21/2014   | <b>UR Denial Date:</b>       | 10/01/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/31/2013 |

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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:

The patient is a 51-year-old female who was injured on March 16, 2009. Diagnoses included cervical discopathy, radiculitis, bilateral carpal tunnel, cubital tunnel syndrome, lumbar discopathy, and degenerative joint disease right knee. Treatment included medications. MRI of the right knee done on November 9, 2012 showed joint effusion, cystic lesion in the femur, chondromalacia patellae, and possible medial meniscal tear. Arthroscopy of the right knee was done on May 31, 2013. Extensive debridement with chondroplasty, removal of chondral body, and partial meniscectomy was performed. The postoperative course was uneventful. Requests for authorization for omeprazole 20 mg #120 and tramadol hydrochloride ER 150 mg # 90 was submitted on September 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR capsules 20mg #120:** 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 Interventions and Guidelines Page(s): 68.

**Decision rationale:** Omeprazole is the proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication but did not have any of the risk factors for a gastrointestinal event.

**Tramadol Hydrochloride ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the medication was not prescribed for short term use and the criteria for opioid use were not met.