

<b>Case Number:</b>	CM13-0050163		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/20/1994
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Internal 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:

This is a 68-year-old male with continuous injuries between 1993 through December 20, 1994, who worked as a maintenance worker. The submitted records indicate that the patient was being treated for chronic neck and lower back pain. Per progress notes from [REDACTED], the patient reported chronic neck and lower back pain with occasional radiation of pain from the lumbar spine to lower extremities, predominant to the thigh. Relevant objective findings include cervical paraspinal tenderness and painful motion and lumbar paraspinal tenderness, decreased painful lumbar spine flexion and extension, and decreased sensation over left L5 dermatome. Examination showed that straight leg raise was negative bilaterally. Thoracic spine, bilateral shoulders, bilateral elbows, and bilateral wrists/hands examination was normal. The patient carried diagnoses of cervical spine myofascial sprain/strain, lumbar spine myofascial sprain/strain, lumbar disc protrusion at L3-L4, L4-L5, L5-S1, and lumbar radiculitis at left L5. The patient has residual chronic lower back pain which has been considered Permanent & Stationary and has not improved with the medications. The patient has been taking chronically tramadol ER (extended release) 150 mg and Prilosec 20 mg daily..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol XR 150mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,80,82.

**Decision rationale:** According to the MTUS guidelines, Tramadol is centrally acting synthetic opioid analgesic and is not recommended as a first oral analgesic. The guidelines also indicate that ramadol appears to be efficacious but limited for short-term relief; however, the long-term efficacy is unclear and it also appears to be limited. Failure to respond to one time limited course of opioids leads to suggestion of reassessment and consideration of alternative therapy. Based on the guidelines, tramadol could be used as a second line of treatment in a short course of treatment. Therefore, the guidelines indicate that tramadol is not recommended as first-line analgesic. Additionally, the records indicate there is no overall improvement of function. Therefore, the tramadol should be tapered off and discontinued

**Prilosec 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole is proton pump inhibitor. The MTUS guidelines recommend that proton pump inhibitors to be used in conjunction with nonsteroidal anti-inflammatory drugs for the chronic pain when there are risks for gastrointestinal events. The records indicate that the patient is not taking any nonsteroidal anti-inflammatory drugs nor there is an indication that the patient has any peptic ulcer disease. Therefore, a prescription of Prilosec does not appear to be medically necessary at this point.