

<b>Case Number:</b>	CM13-0058986		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic mid back pain, chronic arm pain, hand pain, and leg pain reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and chiropractic manipulative therapy to date. In a utilization review report of November 4, 2013, the claims administrator denied a request for extended release tramadol, approved a request for Naprosyn, and denied a request for Prilosec. The applicant's attorney subsequently appealed. The denial, it is incidentally noted, was a retrospective denial associated with date of service October 17, 2013. On October 17, 2013, the applicant apparently presented for the first time to a new physician. She is a former housemaid, she states. She has had extensive chiropractic manipulative therapy, she stated. She reported pain ranging from 5-6/10 about the arm, hand, leg, back, and shoulder. The applicant is off of work, it was acknowledged. The applicant was somewhat depressed, it was further noted. The gastrointestinal review of systems was noted for "positive for frequent heartburn". The applicant was given a preliminary diagnosis of lumbar radiculopathy and asked to employ extended release tramadol, Naprosyn, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ULTRAM ER 150MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that tramadol, a synthetic opioid, is indicated "for moderate-to-severe pain." In this case, the applicant did have ongoing complaints of moderate-to-severe pain in the 5-6/10 range. The request for tramadol or Ultram 150 mg #30 represented a first-time request for tramadol on the applicant's initial presentation to a new primary treating provider (PTP). As of the date in question, October 17, 2013, the applicant had already tried and failed other treatment modalities, including physical therapy, and manipulative therapy, before a trial of tramadol was embarked upon. For all the stated reasons, the introduction of tramadol was indicated and appropriate as of the date in question, October 17, 2013. Therefore, the request is retrospectively certified, on Independent Medical Review.

#### **RETROSPECTIVE REQUEST FOR PRILOSEC 20MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288, 299. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that proton pump inhibitors, such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, the applicant was described in the medical records, during the office visit on October 17, 2013, as having a review of systems which was "positive for frequent heartburn." The introduction of Prilosec, a proton pump inhibitor, was indicated to combat the same. Therefore, the initial utilization review decision is overturned. The request is certified, on Independent Medical Review.