

<b>Case Number:</b>	CM13-0060120		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 61 year-old with a date of injury of 10/02/13. A progress report associated with the request for services, dated 10/04/13, identified subjective complaints of right wrist and elbow pain and bilateral knee pain. Objective findings included tenderness to palpation of all the joints effected. There was decreased range-of-motion and effusion of the elbow. Diagnoses included right elbow pain, rule-out radial head fracture; right wrist contusion; contusion bilateral knees; and right knee strain. Treatment has included oral NSAIDs and analgesics that were first begun on 10/04/13. A Utilization Review determination was rendered on 11/08/13 recommending non-certification of "TRAMADOL HCL ER CP 24MG; OMEPRAZOLE CPDRMG; DICLOFENAC SODIUM ET TB 24MG".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL HCL ER CP 24MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids Page(s): 74-83; 113.

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). Also, Tramadol is not recommended as a first-line analgesic. In this case, the record lacked documentation that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for tramadol.

**OMEPRAZOLE CPDRMG:** 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), Prilosec (Omeprazole), Prevacid (lansoprazole) and Nexium (Esomeprazole, magnesium)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** Prilosec (omeprazole), a proton pump inhibitor, is a gastric antacid. It is sometimes used for prophylaxis against the GI side effects of NSAIDs based upon the patient's risk factors. The Medical Treatment Utilization Schedule (MTUS) notes that these risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. The use of non-selective NSAIDs without prophylaxis is considered "okay" in patients with no risk factors and no cardiovascular disease. In this case, there is no documentation of any of the above risk factors. Therefore, the medical record does not document the medical necessity for Prilosec.

**DICLOFENAC SODIUM ET TB 24MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 12, 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NSAIDS

**Decision rationale:** Diclofenac is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after

acetaminophen. The original request was certified. The MTUS states that acetaminophen and NSAIDs are both recommended as first-line therapy. Likewise, at the time of request, the therapy was for an acute injury. Therefore, the medical record documents the medical necessity for diclofenac.