

<b>Case Number:</b>	CM13-0064346		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 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 56-year-old male who reported an injury on 05/13/2009. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back and left shoulder. The patient had chronic pain complaints managed with medications. The patient's most recent clinical examination findings included left shoulder pain and low back pain with increased hypersensitivity in the bilateral feet, legs, and thighs. The patient's diagnoses included internal derangement of the left shoulder, subacromial and subdeltoid bursitis of the left shoulder, supraspinatus tendinitis of the left shoulder, and a musculoligamentous sprain/strain of the lumbar spine with lower extremity radiculitis. The patient's treatment plan included MRI of the lumbar spine, continuation of medications, continued use of an inversion table, and electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole/Prilosec #60 (Date of service: 7/16/13): 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested omeprazole/Prilosec #60 for date of service 07/16/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate evaluation of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Although the clinical documentation submitted for review does provide evidence the patient has been on this medication since at least 01/2013, there was no justification for continued use. As such, the requested omeprazole/Prilosec #60 for date of service 07/16/2013 is not medically necessary or appropriate.

**Tramadol/ultram 50 mg #200 (Date of service: 7/16/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested tramadol/ultram 50 mg #200 for date of service 07/16/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of opioids as a first-line medication. The clinical documentation does indicate the patient is taking other medications for pain control to include naproxen and hydrocodone/APAP. The clinical documentation submitted for review does not provide any evidence that the patient does not receive adequate pain control as result of these medications. Therefore, the need for an additional opioid is not supported by the documentation. As such, the requested tramadol/ultram 50 mg #200 for date of service 07/16/2013 is not medically necessary or appropriate.