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| <b>Case Number:</b>   | CM13-0064552 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/01/2003 |
| <b>Decision Date:</b> | 03/31/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2013 |

### 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 and Rehabilitation 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 44 year old patient sustained an injury on 5/1/03 while employed by [REDACTED]. The requests under consideration include Prescription for Prilosec #60, Prescription for Ultram ER 150 mg #60, and Twelve sessions of acupuncture. Diagnoses included Discogenic back pain/ chronic low back pain/ positive disc at L4-5 and L5-S1/ lumbar degenerative disc disease; thoracic spine sprain/strain; chronic neck pain. Report on 10/23/13 from the provider noted patient with neck, mid and low back pain. The patient has started acupuncture which helped to sleep comfortably. Exam noted cervical and lumbar spine spasm; decreased range of motion in the spine; facet tenderness; crepitation with movement; positive axial compression in the cervical spine; positive Lasegue's bilaterally; positive SLR at 60 degrees; decreased sensation in L5-S1 distribution; normal motor strength of the lower extremities and left leg sciatica worse. Conservative care has included medications, physical therapy, home exercise program, TENS unit, epidural injections, vocational rehab, acupuncture, and chiropractic treatment. Requests for Ultram 150 mg #60 was modified for #45 to assist in tapering process while the prescription for Prilosec and acupuncture were non-certified on 12/4/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Prilosec #60:** Upheld

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

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

**Decision rationale:** This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The patient had history of hematuria (blood in the urine) without any reported GI symptoms. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Prescription for Prilosec #60 is not medically necessary and appropriate.

**1 prescription of Ultram ER 150 mg #60:** Upheld

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2003 injury. Request for Ultram 150 mg #60 was modified for #45 to assist in tapering process. The Prescription for Ultram ER 150 mg #60 is not medically necessary and appropriate.

**Twelve sessions of acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This 44 year-old patient sustained an injury on 5/1/03 while employed by [REDACTED]. Requests under consideration include Prescription for Prilosec #60, Prescription for Ultram ER 150 mg #60, and Twelve sessions of acupuncture. Diagnoses included Discogenic back pain/ chronic low back pain/ positive disc at L4-5 and L5-S1/ lumbar degenerative disc disease; thoracic spine sprain/strain; chronic neck pain. Report of 10/23/13 from the provider noted patient with neck, mid and low back pain. The patient has started acupuncture which helped to sleep comfortably. Conservative care has included medications, physical therapy, home exercise program, TENS unit, epidural injections, vocational rehab, acupuncture, and chiropractic treatment. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Although the patient reported improved sleep, medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury of 2003. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed. The Twelve sessions of acupuncture is not medically necessary and appropriate.