

<b>Case Number:</b>	CM13-0067052		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/05/2005
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

The patient is a [REDACTED] employee who has filed a claim for lumbar disc displacement associated with an industry injury of May 05, 2005. Thus far, the patient has been treated with Ibuprofen, Prilosec, Tramadol, exercises, icing, lumbar support brace, inversion unit, and stimulation unit. In a utilization review report of December 11, 2013, the claims administrator denied a request for Ibuprofen and as guideline recommends it only for short-term use and there is no evidence of osteoarthritis; Omeprazole as there is no evidence for increased risk of gastrointestinal upset or bleed; and Tramadol as there is no documentation of increased function or decreased pain with its use. However, #100 was authorized for possibility of weaning. Review of progress notes shows low back pain on the right radiating down to the bottom of the right foot. There is also right shoulder pain, bilateral knee pain that may give out at times, bilateral wrist weakness, and bilateral elbow pain. Pain decreases with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IBUPROFEN 800MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, there is note of use of this medication since December 2012. There is no documentation regarding functional benefits derived from this medication. Also, this medication is not recommended or long-term use. Therefore, the request for Ibuprofen 800 mg # 100 is not medically necessary and appropriate.

**OMEPRAZOLE 20MG #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): 68. Decision based on Non-MTUS Citation FDA (Prilosec).

**Decision rationale:** MTUS Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, the patient has been on this medication since December 2012. There is no documentation regarding any gastrointestinal adverse side effects with the use of pain medications. Therefore, the request for Omeprazole 20 mg #60 is not medically necessary and appropriate.

**TRAMADOL 50MG #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since December 2012. There is no documentation regarding functional benefits derived from this medication. Also, there is no documentation of periodic screening for proper medication usage. Therefore, the request for Tramadol 50 mg # 200 is not medically necessary and appropriate.