

<b>Case Number:</b>	CM13-0070540		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/20/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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:

According to the records made available for review, this is a 40 year old female with a 4/20/12 date of injury. At the time of request for authorization for 30 Ultram ER 150mg and 60 Prilosec 20mg, there is documentation of subjective (constant and severe pain in the head, both elbows, both wrists, and both hands with radiation to both arms, and associated with numbness and weakness in the arms and hands) and objective (tenderness to palpation of the left cervical paraspinal muscles, superior trapezius, levator scapulae and rhomboids, tenderness to palpation over the anterior aspect of the left shoulder, and 4/5 strength of the left shoulder, left elbow and with left grip testing) findings, current diagnoses (cervicalgia, disorders of bursae and tendons in shoulder region, and difficulty sleeping), and treatment to date (Ibuprofen since at least 11/27/12). 10/21/13 medical report plan indicates gastrointestinal prophylaxis with Prilosec. Regarding the requested 30 Ultram ER 150mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and is used as second line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ultram ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, disorders of bursae and tendons in shoulder region, and difficulty sleeping. In addition, there is documentation of moderate to severe pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Tramadol is used as a second line treatment. Therefore, based on guidelines and a review of the evidence, the request for 30 Ultram ER 150mg is not medically necessary.

**60 Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies that proton pump inhibitors are recommended for patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, disorders of bursae and tendons in shoulder region, and difficulty sleeping. In addition, given documentation of a plan indicating gastrointestinal prophylaxis with Prilosec and treatment with NSAID (Ibuprofen since at least 11/27/12), there is documentation that the patient is utilizing chronic NSAID therapy. Therefore, based on guidelines and a review of the evidence, the request for 60 Prilosec 20mg is medically necessary.