

<b>Case Number:</b>	CM14-0101260		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 58-year-old gentleman who was reportedly injured on August 22, 2012. The mechanism of injury is lifting items off a pallet. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of cervical spine pain, lumbar spine pain, and left shoulder pain. The physical examination of the left shoulder revealed a positive Hawkins test and spasms of the deltoid muscle. There was decreased range of motion in Florida flexion and abduction limited to 90°. Examination of the cervical spine noted tenderness over the paraspinal muscles and pain full range of motion. The examination of the lumbar spine also noted tenderness over the paraspinal muscles and there was a positive straight leg raise test greater on the left than the right side. Diagnostic imaging studies of the lumbar spine showed disk space narrowing at L4 - L5 and L5 - S1. X-rays of the left shoulder revealed a type II acromion and mild hypertrophy of the acromioclavicular joint. Previous treatment includes a lumbar epidural steroid injection, physical therapy, acupuncture, electrical stimulation and the use of a heating pad. A request was made for Prilosec and Ultram ER and was not certified in the pre-authorization process on June 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition Chapter:Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.

**Ultram ER (Tramadol ER) 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Schedule, Shoulder Complaints, Low Back Compl.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**Anaprox (Naproxen Sodium) 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Shoulder Complaints, Low Back Comp.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of anti-inflammatories as a first-line agent for the management of chronic pain with osteoarthritis. Based on the clinical documentation provided, the injured employee has degenerative conditions of both the lumbar spine in the shoulder. Considering this, the request for Anaprox is medically necessary.