

<b>Case Number:</b>	CM14-0012746		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, and upper arm pain reportedly associated with an industrial injury of March 7, 2008. Thus far, the applicant has been treated with analgesic medications, attorney representation, earlier knee arthroscopy, earlier shoulder arthroscopy and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 7, 2014, the claims administrator denied a request for Omeprazole, Naprosyn, and Tramadol. It was stated that there was no documentation of dyspepsia as to support usage of omeprazole. It was stated that the applicant should not use Naprosyn, an NSAID, chronically, and stated that ongoing usage of tramadol had not been beneficial. The applicant's attorney subsequently appealed. In a medical-legal evaluation of November 26, 2012, it was acknowledged that the applicant had not worked since July 22, 2010. The applicant was reportedly crying, it is incidentally noted, at that point time. It is further noted that the applicant was alleging multifocal body pain owing to cumulative trauma at work. The applicant was described as using Omeprazole, Naprosyn, Hydrocodone, Wellbutrin, Estazolam, Risperdal, and Tramadol as of that point in time. In a medical progress note of April 26, 2013, it was stated that the applicant should pursue left and right knee arthroscopies in sequential fashion. A handwritten note dated October 9, 2013 was notable for comments that the applicant was unchanged. The note was difficult to follow. The applicant was placed off of work, on total temporary disability. On November 15, 2013, the applicant was described as having constant left and right knee pain. The applicant was not working. The applicant was, however, doing home exercise and taking daily walks. The applicant was asked to employ Naprosyn for her knee pain. Omeprazole was endorsed for gastric protective purposes. Tramadol was endorsed to manage the applicant's pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **OMEPRAZOLE/PRILOSEC #60 DISPENSED 11/19/13.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

**Decision rationale:** The attending provider stated that he intended to employ omeprazole for gastric protective purposes. However, as noted on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, provision of proton pump inhibitors for gastric protective purposes should be limited to those applicants who are at risk for gastrointestinal events such as those applicants who are greater than 65 years of age or greater, are using multiple NSAIDs, are using NSAIDs in conjunction with corticosteroids, and/or have some history of peptic ulcer disease, gastritis, GI bleeding, etc. In this case, however, there is no evidence that the applicant has any of the aforementioned risk factor. The applicant is approximately 54 years of age. There is no mention that the applicant is having any history of previous gastritis, peptic ulcer disease, or GI bleeding. The applicant is only using one NSAID, Naprosyn. The applicant is not using any corticosteroids. Prophylactic usage of Omeprazole is not indicated. Therefore, the request is not medically necessary.

### **NAPROXEN 550MG #60 DISPENSED 11/19/13.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn Page(s): 73.

**Decision rationale:** While page 73 of the California MTUS Chronic Pain Medical Treatment Guidelines does support usage of Naprosyn, an NSAID, in the treatment of knee arthritis, one of the diagnoses present here, in this case, however, the applicant has been using Naprosyn for what amounts to several years. There has, however, been no documentation of functional improvement as defined by the parameters established in California MTUS 9792.20f. Specifically, the applicant has failed to return to work. There is no evidence of progressively diminishing work restrictions from visit to visit. The attending provider has not elaborated or expounded upon how Naprosyn has benefitted the applicant. While there is some suggestion that the applicant was performing home exercise, this was not detailed, characterized, or elaborated upon. It was not clearly stated that ongoing usage of Naprosyn was helping to diminish day-to-day pain levels and/or improve the applicant's functional status on a day-to-day basis. Therefore, the request was not medically necessary.

### **TRAMADOL/ULTRAM 50MG #200 DISPENSED 11/19/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, these criteria have not been met despite ongoing usage of Tramadol. The applicant is off of work, on total temporary disability. The attending provider and/or applicant have failed to report improvements in pain and/or function as a result of ongoing tramadol usage for what has now been a span of several years. Therefore, the request for Tramadol was not medically necessary.