

<b>Case Number:</b>	CM14-0017306		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Louisiana. 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 40 year old female who was injured on 04/29/2012 while bending over to put some compression socks on and had extreme pain in the lower back. She has been treated conservatively with 3 epidural injections which provided her with significant relief. Progress report dated 01/22/2014 states the patient complained of cervical spine pain after chiropractic therapy. She also reported left knee discomfort and some right knee discomfort. On exam, there is 3+ tenderness to palpation of the lumbar paravertebral muscles. The left sitting leg raise was negative. The right sitting leg raise was positive. Treatment plan included tramadol 50 mg, Flexeril 7.5 mg, omeprazole 20 mg, Gabapentin 600 mg, Flurbiprofen 20%, Tramadol 20%. Prior utilization review dated 01/13/2014 states the request for retrospective review: tramadol 50mg, #60 (date of service 1/22/14), retrospective review: omeprazole 20mg, #60 (date of service 1/22/14) is not authorized as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REVIEW: TRAMADOL 50MG, #60 (DOS: 1/22/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST: TRAMADOL Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tramadol.

**Decision rationale:** The patient has had chronic pain since 04/29/12. The patient continues to have chronic low back pain post treatment with epidural steroid injections, chiropractic and tens unit treatment. The ODG Guidelines would consider tramadol for short-term use, but long-term treatment is unsupported. The patient has been taking tramadol for an extended period of time with no functional improvements noted. The request for tramadol does not meet criteria of medical necessity.

**RETROSPECTIVE REVIEW: OMEPRAZOLE 20MG, #60 (DOS: 1/22/14): 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 and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and ODG Guidelines, notes that omeprazole is indicated for treatment of active gastric and duodenal ulcers, erosive esophagitis, and symptomatic gastroesophageal reflux disease. ODG Guidelines states that patients at risk for GI events ages 65 and older, concurrent ASA or corticosteroid usage, a prior history of peptic ulcer, or concurrent use of SSRIs and NSAIDs, could be treated with medication such as omeprazole. The supporting documentation does not provide adequate documentation to suggest this medication is medically necessary.

**RETROSPECTIVE REVIEW: CYCLOBENZAPRINE 7.5MG (DOS: 1/22/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS: CYCLOBENZAPRINE Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants.

**Decision rationale:** The CA MTUS and ODG Guidelines states antispasmodics are used to decrease muscle spasm in conditions such as low back pain yet they are only recommended for a short course of therapy. The patient is noted to have slight muscle spasms without functional improvement from medication. The request is for long-term use in chronic pain without sufficient documentation to support this request. The request is not medically necessary.