

<b>Case Number:</b>	CM14-0156534		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 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:

According to the records made available for review, this is a 26-year-old male with a 7/12/12 date of injury. At the time (8/11/14) of request for authorization for Anaprox 550mg QTY: 360, Prilosec 20mg QTY: 360, and Ultram ER 150mg QTY: 360, there is documentation of subjective (chronic low back pain and mid back pain) and objective (decreased lumbar and thoracic range of motion; tenderness to palpation over the lumbar paravertebral muscles with spasm and guarding, and decreased sensation over the left L5 dermatomal distribution) findings, current diagnoses (thoracic sprain/strain, lumbosacral radiculopathy, and pain in limb), and treatment to date (ongoing therapy with Anaprox with an analgesic effect of 30% and increased performance of activities of daily living; ongoing therapy with Prilosec with reduction in acid secretion, reduction in reflux and reduction in dyspepsia; and ongoing therapy with Ultram ER with increased functioning and ability to conduct activities of daily living). Medical report identifies that the patient has a long history of gastroesophageal reflux disease. Regarding Ultram ER 150mg QTY: 360, there is no documentation of moderate to severe pain; and 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg QTY: 360:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbosacral radiculopathy, and pain in limb. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Naproxen with an analgesic effect of 30% and increased performance of activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Anaprox. Therefore, based on guidelines and a review of the evidence, the request for Anaprox 550mg QTY: 360 is medically necessary.

**Prilosec 20mg QTY: 360:** Overturned

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

**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 (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal (GI) 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbosacral radiculopathy, and pain in limb. In addition, given documentation of a long history of gastroesophageal reflux disease and chronic NSAID therapy, there is documentation of risk for gastrointestinal events and preventing

gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg QTY: 360 is medically necessary.

**Ultram ER 150mg QTY: 360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** Specifically regarding Ultram, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. In addition, 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbosacral radiculopathy, and pain in limb. In addition, there is documentation of Ultram used as a second-line treatment (in combination with first-line drugs (NSAIDs)). Furthermore, given documentation of ongoing treatment with Ultram with increased functioning and ability to conduct activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ultram. However, despite documentation of chronic pain, there is no (clear) documentation of moderate to severe pain. In addition, 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. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER 150mg QTY: 360 is not medically necessary.