

<b>Case Number:</b>	CM14-0158463		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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:

This 51 year-old patient sustained a cumulative trauma injury to his right wrist, right shoulder, left knee and ankle on 5/8/13 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Omeprazole 20mg QTY: 120.00, Cyclobenzaprine 7.5mg QTY: 120.00, and Tramadol 150mg QTY: 90.00 DOS: 8/1/14. Diagnoses include Forearm joint pain; cervicgia; lumbar disc disorder; and ankle joint pain. Report of 7/24/14 from the provider noted the patient with ongoing chronic cervical pain radiating into upper extremities with associated headaches; tension in the shoulder blades; low back pain radiating into lower extremities rated at 6/10. Exam showed positive Spurling's maneuver; tenderness and spasm palpable at paravertebral muscles. The request(s) for Retrospective request for Omeprazole 20mg QTY: 120.00, and Cyclobenzaprine 7.5mg QTY: 120.00 were denied and Tramadol 150mg QTY: 90.00 DOS: 8/1/14 was modified for quantity of #30 for weaning on 9/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for Omeprazole 20mg QTY: 120.00 DOS: 8/1/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pmp inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** This 51 year-old patient sustained a cumulative trauma injury to his right wrist, right shoulder, left knee and ankle on 5/8/13 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Omeprazole 20mg QTY: 120.00, Cyclobenzaprine 7.5mg QTY: 120.00, and Tramadol 150mg QTY: 90.00 DOS: 8/1/14. Diagnoses include Forearm joint pain; cervicgia; lumbar disc disorder; and ankle joint pain. Report of 7/24/14 from the provider noted the patient with ongoing chronic cervical pain radiating into upper extremities with associated headaches; tension in the shoulder blades; low back pain radiating into lower extremities rated at 6/10. Exam showed positive Spurling's maneuver; tenderness and spasm palpable at paravertebral muscles. The request(s) for Retrospective request for Omeprazole 20mg QTY: 120.00, and Cyclobenzaprine 7.5mg QTY: 120.00 were denied and Tramadol 150mg QTY: 90.00 DOS: 8/1/14 was modified for quantity of #30 for weaning on 9/4/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Omeprazole 20mg QTY: 120.00 DOS: 8/1/14 is not medically necessary and appropriate.

**retrospective request for Cyclobenzaprine 7.5mg QTY: 120.00 DOS: 8/1/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants. Decision based on Non-MTUS Citation ODG; muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** This 51 year-old patient sustained a cumulative trauma injury to his right wrist, right shoulder, left knee and ankle on 5/8/13 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Omeprazole 20mg QTY: 120.00, Cyclobenzaprine 7.5mg QTY: 120.00, and Tramadol 150mg QTY: 90.00 DOS: 8/1/14. Diagnoses include Forearm joint pain; cervicgia; lumbar disc disorder; and ankle joint pain. Report of 7/24/14 from the provider noted the patient with ongoing chronic cervical pain radiating into upper extremities with associated headaches; tension in the shoulder blades; low back pain radiating into lower extremities rated at 6/10. Exam showed positive Spurling's maneuver; tenderness and spasm palpable at paravertebral muscles. The request(s) for Retrospective request for Omeprazole 20mg QTY: 120.00, and Cyclobenzaprine 7.5mg QTY: 120.00 were denied and Tramadol 150mg QTY: 90.00 DOS: 8/1/14 was modified for quantity of #30 for weaning on 9/4/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of May 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful

for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective request for Cyclobenzaprine 7.5mg QTY: 120.00 DOS: 8/1/14 is not medically necessary and appropriate.

**retrospective request for Tramadol 150mg QTY: 90.00 DOS: 8/1/14: 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): 74-96.

**Decision rationale:** This 51 year-old patient sustained a cumulative trauma injury to his right wrist, right shoulder, left knee and ankle on 5/8/13 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Omeprazole 20mg QTY: 120.00, Cyclobenzaprine 7.5mg QTY: 120.00, and Tramadol 150mg QTY: 90.00 DOS: 8/1/14. Diagnoses include Forearm joint pain; cervicalgia; lumbar disc disorder; and ankle joint pain. Report of 7/24/14 from the provider noted the patient with ongoing chronic cervical pain radiating into upper extremities with associated headaches; tension in the shoulder blades; low back pain radiating into lower extremities rated at 6/10. Exam showed positive Spurling's maneuver; tenderness and spasm palpable at paravertebral muscles. The request(s) for Retrospective request for Omeprazole 20mg QTY: 120.00, and Cyclobenzaprine 7.5mg QTY: 120.00 were denied and Tramadol 150mg QTY: 90.00 DOS: 8/1/14 was modified for quantity of #30 for weaning on 9/4/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Retrospective request for Tramadol 150mg QTY: 90.00 DOS: 8/1/14 is not medically necessary and appropriate.