

<b>Case Number:</b>	CM14-0159429		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 37 year old female with date of injury on 4/8/2013. Subjective complaints are of ongoing pain in the anterior pelvic region and abdominal discomfort. Physical exam shows diffuse lumbar tenderness, positive Kemp's test, 5/5 strength, and intact sensation. Lumbar MRI from 6/29/2013 showed 3-4 mm disc herniation at L3-4 and L4-5. Medications include Prilosec, NSAID ointments and Ultram. Records indicate that patient has failed other first line medications, and that Ultram reduces pain from 3-8/10 to 0/10 and improves function. Submitted documentation also indicates that the patient is working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram (Tramadol) 50mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** CA MTUS states that opioids should be discontinued if there is no overall improvement in function, continued pain with evidence of intolerable side effects, decrease in function, resolution of pain, patient request, or evidence of illegal activity. Opioids use may

continue if the patient has returned to work or has improvements in functioning and pain. Guidelines indicate that opioid use may continue if the patient has returned to work or has improvements in functioning and pain. This patient is working and records indicate that medications provided moderate pain relief and allowed for improved function. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI risk Page(s): 68-69.

**Decision rationale:** According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to non-steroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

**Diclofenac/Lidocaine #180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines flurbiprofen and lidocaine. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Therefore, the medical necessity of this medication is not established.