

<b>Case Number:</b>	CM14-0166968		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

There were 86 pages provided for this review. The application for independent medical review was signed on October 9, 2014. It was for omeprazole, tramadol and naproxen. The omeprazole was 20 mg one tablet by mouth daily number 30 with two refills. The tramadol was 50 mg one tablet by mouth three times a day as needed number 90 with two refills and finally the naproxen was 550 mg one tablet by mouth twice a day as needed number 60 with two refills. There was a modification proposed for tramadol 50 mg number 45 with no refills. The other medicines were non certified. Per the records provided, the injured worker as of August 20, 2014 complained of pain in the lumbar spine at six out of 10 that radiated down into his left hip. He was status post lumbar discectomy and laminectomy on October 24, 2013. He had postoperative therapy with benefit albeit undefined in the records. The medicines were naproxen, omeprazole and tramadol. There were still some range of motion deficits. There was mildly positive paraspinal tenderness to percussion of the mid-lumbar spine. The mechanism of injury was not provided. Other therapies included activity modification, postoperative physical therapy, medication management and home exercise. Other notes specify he is a 37-year-old man who was injured on November 1, 2012. There were continued complaints of lumbar spine pain at six out of 10 which comes and goes. He has radiation down into the left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 tab po Daily #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 Page(s): 68.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

**Tramadol 50mg 1 tab po TID prn #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 12,13 83 and 113.

**Decision rationale:** Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

**Naproxen 550mg 1 tab po BID prn #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26. Page(s): 67.

**Decision rationale:** The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately not medically necessary.