

<b>Case Number:</b>	CM14-0177771		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/18/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 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 injured worker's date of injury is 07/18/2009. This patient receives treatment for chronic low back pain. The initial injury occurred with the patient opening a gate by pulling and twisting causing a lower back strain. The treating physician's diagnoses include: lumbosacral spondylosis without myelopathy, unspecified arthropathy involving lower leg and lumbar spondylosis. The initial treatments included physical therapy, acupuncture, chiropractic, and B12 injections. The documentation includes a note dated 09/10/2014. A year later he fell onto the knees. A lumbar MRI showed bulging discs. The patient had some chiropractic sessions and tried a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** Omeprazole is a PPI and is used to treat peptic ulcer disease or to prevent the GI complications of taking NSAIDs by mouth in individuals with a documented history of

GI complications with NSAIDS. There is no such documentation. Omeprazole is not medically indicated.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-83.

**Decision rationale:** This patient receives treatment for chronic and recurring low back pain. Tramadol is a weak opioid and may be indicated for the short-term management of low back pain in patients who have chronic low back pain. As with other opioids, their use over the long-term exposes the patient to drug dependency, tolerance, addiction, and aberrant drug related behaviors. In addition, opioid use does not result in improvement in function. Tramadol is not medically indicated.