

<b>Case Number:</b>	CM14-0023450		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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:

The patient is a 34 year-old female with date of injury 09/18/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/10/2013, lists subjective complaints as continued pain in the lower back. MRI dated 10/25/2012 was notable for disc desiccation at L4-S1. EMG study from 10/25/2012 was normal. Objective findings: Examination of the lumbar spine revealed tenderness to palpation and mild spasm of the paralumbar area from L3-S1 bilaterally, left more than right. Tenderness was noted in the left greater sciatic notch area. Range of motion of the dorsal lumbar area was diminished in all planes. Straight leg raising test was positive at 50 degrees on the right and 80 degrees on the left. Neurological exam showed diminished sensation to light touch on the dorsolateral part of the right foot, on the dorsum, and from the second to the fifth toe, otherwise intact in both the upper and lower extremities. Diagnosis: 1. Herniated lumbar disc at L5-S1 with edentulous tear and facet arthropathy with left leg radiculopathy. The medical records supplied for review document that the patient was first prescribed the following medication on 12/10/2013. Medications: 1. Tramadol 50mg, #60 SIG: 1 p.o. every 8 hours 2. Omeprazole 20mg, #30 SIG: 1 p.o. daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50 MG, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient has reported no improvement in his level of pain or functional improvement. There is no documentation supporting the continued long-term use of opioids. TRAMADOL 50 MG, # 60 is not medically necessary.

**OMEPRAZOLE 20 MG, # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. OMEPRAZOLE 20 MG, # 30 is not medically necessary.