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| <b>Case Number:</b>   | CM14-0026487 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 12/01/2006 |
| <b>Decision Date:</b> | 07/21/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and a variety of topical compounded drugs. In a utilization review report dated February 18, 2014, the claims administrator denied a request for tramadol-acetaminophen and omeprazole. The claims administrator stated, somewhat incongruously that there was no evidence that the applicant had failed first line medications before tramadol-acetaminophen was considered and then stated that there was no evidence that the applicant had demonstrated functional improvement despite ongoing usage of the same. Omeprazole was denied on the grounds that the applicant did not have any issues with reflux, heartburn and/or dyspepsia. The applicant's attorney subsequently appealed. A May 29, 2014 progress note was notable for comments that the applicant reported persistent 5/5 low back pain. The applicant was reportedly "not working." The applicant was also using transdermal creams, it was stated. A normal gait was appreciated. The applicant was given prescriptions for tramadol-acetaminophen, cyclobenzaprine, acupuncture, and a variety of topical compounds. It was not clearly stated whether these prescriptions were first-time request or a renewal request. In an April 25, 2014 progress note, the applicant was issued prescriptions for Ultram, topical compounds, and Flexeril. While gastrointestinal disturbance was listed as one of the diagnoses, there was no mention of reflux, heartburn, and/or dyspepsia either in the body of the report or in the review of systems section. In a January 24, 2014 progress note, the applicant was again described as having persistent complaints of low back pain. The applicant reportedly denied any issues with heartburn in the gastrointestinal review of systems section of this report. It was stated that the applicant still had a need for

tramadol, omeprazole, and various topical compounded creams. It was stated that the applicant had some issues with sensitivity to the stomach in another section of the report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL HCL/ APAP 37.5/ 325 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, none of the aforementioned criteria were met. The applicant is off of work. The progress note provided seemingly suggests heightened pain complaints as opposed to reduced pain complaints, despite ongoing tramadol-acetaminophen usage. There have been no documented improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.

#### **OMEPRAZOLE 20 MG. CAPSULE DR: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Topic Page(s): 69,7.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of omeprazole, a proton-pump inhibitor, for NSAID-induced dyspepsia, in this case, however, there is no clear description of ongoing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support ongoing omeprazole usage. While some portions of the attending provider's January 24, 2014 progress note did allude to some stomach sensitivity, this was echoed on later progress note. It is further noted that the January 24, 2014 progress note review of the systems section stated that the applicant specifically denied any issues with heartburn. Later progress note do not make any mention of the applicant's response to and/or ongoing efficacy of omeprazole usage. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines states that it is incumbent upon the attending provider to incorporate some discussion of medication efficacy into his choice of recommendations. In this case, then given the seemingly incongruous reporting of the applicant's presence or absence of gastrointestinal symptoms and lack of any discussion of omeprazole efficacy, continuing omeprazole is not indicated. Therefore, the request is not medically necessary.

