

<b>Case Number:</b>	CM14-0034402		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/06/1998
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, elbow, and shoulder pain reportedly associated with an industrial injury of February 6, 1998. Thus far, the injured worker has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; ulnar nerve transposition surgery; and reported diagnosis with elbow epicondylitis and calcific tendinitis of the shoulder. In a Utilization Review Report dated March 6, 2014, the claims administrator partially certified a request for Prilosec and denied a request for Tramadol. The injured worker's attorney subsequently appealed. In a December 9, 2013 progress note, the injured worker was described as having persistent complaints of shoulder pain, slightly improved. Positive impingement sign about the shoulder with elbow epicondylar tenderness was noted. The injured worker was given prescriptions for Voltaren, Prilosec, Mentherm, and extended release Tramadol. The injured worker was described as having retired. The injured worker was given refills of Voltaren, Prilosec, Mentherm, and Tramadol on office visits of November 4, 2013 and January 13, 2014. There was no discussion of medication efficacy on these occasions. On February 10, 2014, the injured worker was described as status post shoulder corticosteroid injection. Multiple medications were refilled, including the items at issue. There was again no discussion of medication efficacy. On February 13, 2014, the injured worker presented with multifocal neck, low back, and hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do support provision of proton pump inhibitors such as Prilosec to combat nonsteroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia on any recent progress notes. It is not clearly stated why Prilosec is being used. There was not discussion of medication efficacy incorporated into any of the progress notes provided. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is no longer working, either as a result of the retirement, or because of the industrial injury. The attending provider has not incorporated any discussion of medication efficacy into any recent progress notes. There has been no mention of analgesia, or improved performance of activities of daily living achieved as a result of ongoing Tramadol usage. Therefore, the request is not medically necessary.