

<b>Case Number:</b>	CM14-0039519		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 claimant was injured on multiple dates including 09/15/99 and from 12/01/06-12/01/07 during which time he had a cumulative trauma injury. The requested medications of Tramadol, Omeprazole, and Naproxen are under review. His diagnoses include cervical and lumbar sprain and shoulder pain with anxiety, sleep disturbance and stomach dysfunction. He is status post a right biceps tenodesis. Physical Therapy was planned and he was prescribed medications. He saw [REDACTED] on 01/30/14. He complained of continued moderate to severe neck and low back pain. He had pain with walking and tying his shoes. He had a flare up with spasm. Home exercises were not effective. He had severe financial stress. There was no change and no treatment since his last visit. Chiropractic treatment was ordered. Diagnoses include cervical degenerative disc disease with radiculopathy, right shoulder biceps rupture, bilateral shoulder impingement syndrome. He also had a right hand contusion and bilateral thumb chronic central slip rupture. He had low back spondylolisthesis with chronic pain. He was diagnosed with anxiety, depression, sleep problems and gastritis. Physical Therapy and acupuncture were ordered. He was prescribed Tramadol, Omeprazole, and Naproxen. Transcutaneous Electrical Nerve Stimulator batteries/supplies for 3 months were ordered. He was placed on modified work. Physical examination revealed he was well-nourished and in mild distress. He had difficulty standing and sitting. There was loss of lordosis with stiffness and an unstable gait. He was compliant with his medication and medication helped with his pain. The documentation reports negative straight leg raise tests, sitting nerve root tests and negative Braggard's test. A drug screen was negative for barbiturates and benzodiazepines. Tramadol was detected and was prescribed. There were no inconsistencies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page 145; Medications for Chronic Pain Page(s): 94.

**Decision rationale:** The history and documentation do not objectively support the request for Tramadol. The MTUS p. 145 state Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The MTUS further state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs including acetaminophen and the naproxen he is also taking. The claimant's pattern of use of this medication and any evidence of objective measurable or functional benefit he receives from its use are not documented. The expected benefit or indications for the continued use of this medication have not been stated. Also, despite the use of pain medication such as this one, use of a TENS unit has also been recommended. Therefore, there is not clear benefit from the use of Tramadol. The medical necessity of Tramadol 50mg #90 with 5 refills has not been clearly demonstrated. One half the requested quantity (#45) with no refills can be recommended for weaning this medication, which is classified as a centrally acting opioid, as needed.

**Omeprazole 20mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Omeprazole. The CA MTUS state on p. 102 regarding PPIs, patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The claimant's pattern of use and the specific indication for the use of Omeprazole along with a specific description of the

benefit he receives have not been described. Therefore, the medical necessity of this request for Omeprazole 20mg #60 with 5 refills has not been clearly demonstrated.

**Naproxen #60 with 5 refills:** 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, page 102; Medications for Chronic Pain Page(s): 94.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Naproxen for the claimant's ongoing pain. The MTUS state re: NSAIDs Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with Naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain -Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. There is no evidence of osteoarthritis and no indication of failure of all other first line drugs and other pain relief measures, including trials of acetaminophen and local modalities/exercise to support the continuation of Naproxen #60 with 5 refills. The MTUS further state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) The claimant's pattern of use of this medication and any evidence of objective measurable or functional benefit he receives from its use have not been described. Also, despite the use of pain medication such as this one, use of a TENS unit has also been recommended. Therefore, there is not clear benefit from the use of Naproxen. Therefore, the medical necessity of the ongoing use of Naproxen, dosage unknown, #60 with 5 refills has not been clearly demonstrated.