

<b>Case Number:</b>	CM14-0047120		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/26/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 53-year-old female who reported a work-related injury on 01/26/2007. The mechanism of injury was not stated. Clinical note dated 03/07/2014 stated the injured worker had complaints of back pain and had a history of having had at least 3 previous falls in 2007, 2008, and 2010. She had undergone an MRI with evidence of degenerative disc disease and disc bulge at L4-5, and had a normal EMG. It was noted she had received conservative treatment with medications and therapy. The injured worker had also received some chiropractic treatment, therapy, injections, and a TENS unit. Physical examination of the lumbar spine revealed tenderness to L4 and L5, with trigger points noted at right sciatic notch. Sensory exam revealed abnormal sensations reduced in foot and deep tendon reflexes revealed a reduced knee jerk. Impression was noted as chronic low back pain with right lower extremity radiculopathy and right sciatic pain. The injured worker was given prescriptions for Vimovo and Ultram. The Request for Authorization dated 03/21/2014 was included with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram tablet 50mg, two refills #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

**Decision rationale:** The request was made for Ultram tablet 50mg, 2 refills, #360. California Medical Treatment Guidelines for Chronic Pain state that tramadol is a centrally-acting synthetic opioid analgesic and is not recommended as a first-line oral medication analgesic. Guidelines state there must be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients taking opioids for pain relief. There was no documentation of the injured worker's pain relief or functional improvements, which could be objectively measured due to the use of tramadol. Therefore, tramadol would not be supported for the injured worker. As such, the request for Ultram tablet 50mg, 2 refills, #360 is non-certified.

**Vimovo ER 375/20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69, 73. Decision based on Non-MTUS Citation Official Disability Guidelines, pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vimovo.

**Decision rationale:** A request was made for Vimovo ER 375/20 mg. Official Disability Guidelines state that Vimovo contains esomeprazole magnesium and naproxen, and is a fixed-dose tablet, combination of delayed release enteric coated naproxen and immediate release esomeprazole magnesium. The NSAID/PPI combo is indicated to relieve signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis while decreasing the risk for NSAID-related gastric ulcers in susceptible patients. Per clinical documentation submitted, the injured worker was not noted to have a diagnosis or signs and symptoms of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis. In addition, there were no objective findings of pain relief or functional improvements reported for the injured worker due to the use of Vimovo. Therefore, the continued use of Vimovo would not be supported for the injured worker. As such, the request for Vimovo ER 375/20mg is non-certified.