

<b>Case Number:</b>	CM14-0050548		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/14/1990
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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, and is licensed to practice in Illinois. 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 55-year-old male with a reported injury on 03/14/1990. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/21/2014 reported that the injured worker complained of significant severe low back pain. The physical examination of the injured worker's lumbar/thoracic spine was negative for any significant abnormalities. The range of motion of the injured worker's lumbar spine demonstrated forward flexion to 60 degrees, extension to 30 degrees, lateral tilt to 30 degrees, and right and left rotation to 30 degrees. The injured worker's diagnoses included degenerative joint disease bilateral knees, end stage; bilateral shoulder impingement syndrome, secondary to crutch and cane use; rule out bilateral rotator cuff tears; low back pain; and depression secondary to pain and disability. The injured worker's prescribed medication list included cyclobenzaprine, Diflucan, omeprazole, Zofran, tramadol, and Wellbutrin. The provider requested tramadol for chronic pain relief, and omeprazole as a prophylaxis against NSAID gastritis. The Request for Authorization was submitted on 03/20/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30:** 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for omeprazole 20 mg #30 is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for omeprazole is for the prophylactic treatment of NSAID induced gastritis. The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is not enough clinical information provided indicating the injured worker has gastritis. There is not enough documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is not enough of clinical information provided indicating how long the injured worker has used omeprazole. The guidelines identify increased risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

**Tramadol ER 150 mg #30:** 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 Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The request for tramadol ER 150 mg #30 is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for tramadol ER is for the treatment of chronic pain. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is not enough clinical information provided documenting the efficacy of tramadol as evidenced by decreased pain and significant objective functional improvements. Moreover, there is not enough documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. In addition, there is not enough clinical information indicating the injured worker's pain was unresolved with a first line oral analgesic prior to the utilization of tramadol. Therefore, the request is not medically necessary.