

<b>Case Number:</b>	CM14-0067954		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Geriatrics and is licensed to practice in New York. 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 51 year old woman with a date of injury of 4/21/11. She was seen by her orthopaedic physician on 3/26/14 complaining of constant pain and stiffness of her cervical spine, occasional headaches and radiation to shoulders and arms and numbness and tingling in her arms. She also complained of constant pain and stiffness to her lumbar spine with radiation to her legs. Her physical exam showed a normal gait. She had cervical spine musculature tenderness to palpation with limited range of motion. She was tender in her hands with decreased sensation in the right ulnar nerve and in both C5-7 nerve roots. She was also tender to palpation of the para-axial lumbar spine musculature with limited range of motion. She had bilateral positive straight leg raises and normal reflexes and sensation. Her diagnoses were cervical and lumbar spine strain/sprain rule out herniated discs, bilateral upper and lower extremity radiculopathy and trigger fingers and right ulnar nerve entrapment neuropathy. At issue in this review are the prescriptions for tramadol, soma and prilosec. Length of prior therapy is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 84-94 Page(s): 84-94.

**Decision rationale:** This injured worker has chronic neck and back pain with radiation to all extremities. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use or rationale for use if a new medication. The medical necessity of tramadol is not substantiated.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment in Workers Compensation, Online Edition Chapter: Pain Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

**Decision rationale:** This injured worker has chronic neck and back pain with radiation to all extremities. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events as she meets none of the criteria and is not taking a NSAID so the medical necessity of Prilosec is not justified.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Soma - muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29, 63-66.

**Decision rationale:** This injured worker has chronic neck and back pain with radiation to all extremities. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 5/13/13 fails to document any muscle spasm and it is not clear if this is a new or ongoing prescription. The records do not support medical necessity for soma.