

<b>Case Number:</b>	CM14-0088583		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 70 year old female who sustained a cumulative trauma on 10/01/2009. Her past medication history included lisinopril, simvastatin, tramadol, omeprazole, gabapentin and Naproxen. She has been treated conservatively with physical therapy, TENS, and chiropractic care. The patient underwent a cervical fusion on 02/27/2013; facet joint injection, right carpal tunnel release in 06/2010; right foot bunionectomy in 02/2008; and left knee arthroscopy 2008. RFA dated 04/23/2014 documented the patient to have complaints of continued pain in the neck rated as 5/10 and at rest a 3/10; bilateral shoulder is rated as 8-9/10 and is alleviated with heat and biofreeze down to 5-6/10; bilateral upper extremities is rated as 9/10 at its worst and 4-5/10 at its best; low back is rated as 8/10 radiating into legs to the upper calf area; Her depression, anxiety, and lack of sleep is continuing. She reported her right shoulder pain has increased as well. Objective findings on exam revealed cervical flexion to 35 degrees, extension at 40 degrees; and rotation to 60 degrees bilaterally; shoulder active abduction is 145 degrees on the right and 150 degrees on the left. Forward flexion is 135 degrees bilaterally; passive abduction of the glenohumeral joint with the scapula held fixed is to 90 degrees bilaterally; external rotation is 80-90 degrees bilaterally with pain and internal fixation -10 degrees on the right and 0 degrees on the left. She has a positive impingement sign with tenderness in the bilaterally shoulders. Cubital Tinel is positive on the right and negative on the left; wrist Tinel is positive bilaterally to the middle fingers. Follow-up report dated 01/29/2014 states the patient presented with symptoms listed above and utilizing the same medications with no changes in status. Prior utilization review dated 05/29/2014 states the request for Tramadol 50 #300 is denied as medical necessity has not been established; Omeprazole 20 #30.. 3 refills is denied as medical necessity has not been established; and Naproxen 500mg #30 ...3 refills is denied as medical necessity has not been established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 93-94.

**Decision rationale:** According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, there little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use. Opioids are considered a second-line treatment for several reasons; such ongoing monitoring, and return to work. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Chronic use of opioids is not generally supported by the medical literature. Therefore, the medical necessity of Tramadol has not been established.

**Omeprazole 20 #30... 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the CA MTUS, Omeprazole "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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 guidelines recommend GI protection for patients with specific risk factors. In this case, the medical records do not establish the patient is at significant risk for GI events. The above criteria are not met in this IW. In accordance with the CA MTUS guidelines, the request is not medically necessary

**Naproxen 500mg #30 ...3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS, Naproxen

**Decision rationale:** According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) and function with prior use of Naproxen. Therefore, the request is not medically necessary according to the guidelines.