

<b>Case Number:</b>	CM14-0088946		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/19/2014
<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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of March 24, 2011. A Utilization Review was performed on May 15, 2014 and recommended non-certification of Tramadol ER, 150mg, #30 and Omeprazole 20mg #60 for unknown reasons. A Progress Report dated May 2, 2014, identifies Subjective Complaints of continued low back pain, left knee pain, left ankle pain, and left shoulder pain, which are moderate to severe. Objective Findings identify decreased cervical spine range of motion with mild pain with extension and lateral bend to the right and left. Gait is antalgic. There was positive tenderness and muscle spasming in the paralumbar. There was noted musculature decreased lumbar spine range of motion and diminished sensation right S1 nerve root distribution. There were positive Neer's and Hawkin's tests on the left shoulder and positive greater tuberosity tenderness as well as positive crossover test. Resisted abduction strength is 4/5, positive quadriceps atrophy and positive tenderness over the anterior talofibular ligament. In addition, there was positive pain with plantar flexion and inversion. Diagnoses identify low back pain; multi-level disc herniations and degenerative disc disease; status post left knee arthroscopy; degenerative joint disease left knee; cervical strain; multi-level disc herniations and degenerative disc disease cervical spine; radiculitis; impingement syndrome left shoulder; left shoulder rotator cuff tendinitis; rule out bilateral wrist carpal tunnel syndrome; bilateral wrist sprain; left ankle sprain; arthrosis; and rule out left ankle impingement syndrome. Treatment Plan identifies Diclofenac, Omeprazole to reduce non-steroidal anti-inflammatory drugs (NSAIDs) gastritis, and Tramadol ER for chronic pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg Qty: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79 of 127.

**Decision rationale:** Regarding the request for Tramadol, California Pain Medical Treatment Guidelines state that Tramadol is a short acting opiate pain medication. Due to high abuse potential close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Tramadol is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Tramadol is not medically necessary.

**Omeprazole 20mg Qty: 60.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is taking multiple medications including NSAIDs and omeprazole is being used for to reduce NSAID gastritis. As such, the currently requested Omeprazole is medically necessary.