

<b>Case Number:</b>	CM14-0209595		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 52 year old female with a date of injury of 3/14/13. She is being treated for lumbar sprain/strain, lumbosacral sprain/strain, lumbar muscle spasm, bilateral shoulder tendinosis and bursitis, bilateral shoulder arthrosis, stress/anxiety. Subjective findings on 11/19/14 include moderate dull achy low back pain, stiffness, heaviness radiating to bilateral lower extremities with numbness and tingling and left shoulder improving with intermittent dully achy pain, numbness and tingling. Objective findings include decreased lumbar ROM secondary to pain, tenderness of paravertebral muscles bilaterally, SI joint tenderness bilaterally, + straight leg raise, left shoulder ROM flexion 175 abduction 175 IR 80 ER 85, and right shoulder healing well with ROM flexion 160 abduction 160 ER 45 and ER 60. EMG/NCS on 5/20/13 was normal. MRI of the lumbar spine on 5/15/13 found straightening of the lumbar spine, L4-5 diffuse disc protrusion with efface of the thecal sac, L5-S1 diffuse disc protrusion with right preponderance effacing the thecal sac with narrowing of the right foramen that effaces the right L5 exiting nerve root. MRI on 6/28/14 of left shoulder revealed supraspinatus partial tear, infraspinatus and subscapularis tendinosis, anterior and posterior glenoid labral tears, subacromial/subdeltoid/subscapularis bursitis, AC joint & glenohumeral joint arthritis, acromioclavicular outlet stenosis, supraspinatus & infraspinatus muscle atrophy. MRI on 6/28/14 of the right shoulder revealed supraspinatus, infraspinatus and subscapularis tendinosis, subacromial & subdeltoid bursitis, possible glenoid tear posteriorly versus congenital variant and AC joint hypertrophic changes. MRI on 6/28/14 of the cervical spine revealed diminished cervical lordosis, moderate anterior degenerative discogenic spondylosis at C4-5, C5-6, mild anterior wedge deformity of C6 body, dessication of C2-3 and C5-6, C4-5 broad based central/left paracentral posterior disc protrusion abutting the ventral spinal cord, ligamentum flavum hypertrophy with mild spinal stenosis, unilateral left facet hypertrophy with mild to

moderate left neural foraminal narrowing, C5-6 broad based central/left paracentral posterior disc abutting ventral cods with mild spinal stenosis with bilateral facet hypertrophy impinging on exiting nerve roots and C6-7 unciniate hypertrophy, facet arthrosis with moderate to severe left neural foraminal narrowing and impingement upon left exiting nerve root. Treatment thus far has consisted of home exercises (exercise ball), ergonomic evaluation (lumbar seat cushion), physical therapy, medications (omeprazole, Naprosyn, tramadol, Leracin patches, ibuprofen), platelet rich plasma injection, right shoulder steroid injection arthroscopic surgery to the right shoulder and psychiatry referral. The Utilization Review on 12/8/14 found the request for Prilosec 20mg #90 non-certify due to lack of GI risk factors. The request for Tramadol unspecified quantity non-certify since no quantity or dose is prescribed and reasoning for this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or(2) A Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 90 is not medically necessary.

**Tramadol of unknown does and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Therapeutic trial of opioids Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The request fails to specify dose or quantity. As such, the request for tramadol unknown quantity and dose is not medically necessary.