

<b>Case Number:</b>	CM15-0005170		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female who suffered an industrial related injury on 7/2/07. The injured worker had complaints of pain in the cervical, thoracic, and lumbar spine as well as in the right shoulder. Diagnoses included sprain/strain of the cervical, thoracic, and lumbar spine and status post right shoulder arthroscopy. On 12/31/14 the treating physician requested authorization for Naproxen 550mg #60 with 2 refills, Omeprazole 20mg #30 with 2 refills, and Tramadol 50mg #90 with 2 refills. On 12/17/14 the requests were non-certified. Regarding Naproxen, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted it was unclear how long the injured worker had been using this medication and long term use is not recommended. Regarding Omeprazole, the UR physician cited the MTUS guidelines and noted there was no indication the injured worker has risk factors for gastrointestinal events. Regarding Tramadol, the UR physician cited the MTUS guidelines and noted there was no documentation of the current pain level, least reported pain over the period since last assessment, average pain, intensity of pain after taking this medication, how long it takes for pain relief and how long pain relief lasts. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 w/2 refills:** 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), Pain Chapter (Chronic), Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting the right shoulder, cervical spine, and lumbar spine. The current request is for Naproxen 550mg #60 w/2 refills. The treating physician states that the patient has been taking this medication since at least June 2014 and is also receiving it from another doctor. The MTUS guidelines recommend NSAID usage for moderate to severe pain. In this case, the treating physician has not documented pain and function with prior usage as required on page 60 of the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

**Omeprazole 20mg #30 w/2 refills:** Upheld

**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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the right shoulder, cervical spine, and lumbar spine. The current request is for Omeprazole 20mg #30 w/2 refills. The treating physician states, "Omeprazole 20 mg #30 sig one orally daily." The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI. The current request is not medically necessary and the recommendation is for denial.

**Tramadol 50mg #90 w/2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Tramadol (Ultram), and Opioids, Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the right shoulder, cervical spine, and lumbar spine. The current request is for Tramadol 50mg #90 w/2 refills. The treating physician states, "She states that her pain level is decreased to a 4/10 when utilizing Tramadol. The patient does feel that she has had an increased ability to perform her activities of daily living

when utilizing her pain medication." The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician has documented that the patient has had decreased pain with this medication, but no before and after pain scales are documented. There is documentation that she is able to perform her activities of daily living but there are no specific ADLs describe or functional improvements noted and there is no discussion of any side effects or aberrant behaviors as required by the guidelines. The current request is not medically necessary and the recommendation is for denial.