

<b>Case Number:</b>	CM15-0014658		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

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 54-year-old male who reported an injury on 04/30/2009. The mechanism of injury was not provided. The injured worker underwent physical therapy and used a back brace. The documentation indicated the injured worker underwent a right L4-S1 transforaminal injection on 10/18/2014. Medications included opioids as of at least 06/2014. The injured worker was utilizing NSAIDs since 09/2014. The documentation of 11/06/2014 revealed the injured worker had complaints of lumbar spine pain and cramping in his right hand by his thumb since the epidural steroid injection. The injured worker was noted to have less tension in his lumbar spine and was able to walk with less pain in his right leg. The injured worker had no refills on medications. Current medications were not provided. The physical examination revealed the injured worker had an antalgic gait and heel toe walk exacerbated his antalgic gait. There was diffuse tenderness to palpation over the lumbar paraspinal muscles and there was moderate facet tenderness along the L4-S1 levels. The injured worker had positive sacroiliac tenderness, a faber's test, sacroiliac thrust test and Yeoman's test on the right. The diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac arthropathy. The discussion included the injured worker had utilized ibuprofen occasionally and it caused acid reflux symptoms. The physician documented there would be the addition of Protonix as a proton pump inhibitor and the injured worker would start on tramadol 150 mg 1 by mouth each day #30. The treatment plan included tramadol 150 mg 1 by mouth each day #30, refill ibuprofen 800 mg 1 by mouth twice a day, and start Prilosec 20 mg 1 by mouth each day. There was no request for authorization submitted for review for the requested medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Appeal Prilosec 20mg 1 by mouth OD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 58-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or at high risk for gastrointestinal events. They are also recommended for injured workers who have dyspepsia secondary to NSAID therapy. The injured worker had This request is concurrently being reviewed with a request for NSAIDs, which are found to be medically unnecessary, as such, the request for Prilosec would not be medically necessary. Given the above, the request for Appeal Prilosec 20mg 1 by mouth OD #30 is not medically necessary.

**Appeal Ibuprofen 800mg 1 by mouth twice a day #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Appeal Ibuprofen 800mg 1 by mouth twice a day #60 is not medically necessary.

**Appeal Tramadol 150mg 1 by mouth OD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76, 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that therapeutic trial of opioids should not be employed until the injured worker has failed a trial

of nonopioid analgesics. Before initiating therapy, the injured worker should set goals and the continued use of opioids should be contingent upon meeting these goals. Baseline pain and functional assessments should be made including social, physical, psychological, daily, and work activities and should be performed using a validated instrument or numerical rating scale and the pain related assessment should include the history of pain treatment and effective pain function. The injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of a baseline pain on a VAS to support the need for an additional pain medication. Given the above and the lack of documentation, the request for Appeal Tramadol 150mg 1 by mouth OD #30 is not medically necessary.