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| <b>Case Number:</b>   | CM15-0143428 |                              |            |
| <b>Date Assigned:</b> | 08/04/2015   | <b>Date of Injury:</b>       | 07/25/2011 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 56-year-old male who sustained an industrial injury on 07-25-11. Initial complaints and diagnoses are not available. Treatments to date include acupuncture, cervical fusion, and medications. Diagnostic studies include Range of Motion testing and a Lumbar spine MRI on 04-21-15. Current complaints include lumbar, bilateral sacroiliac, bilateral leg, bilateral sacroiliac, bilateral knee, bilateral calf, bilateral shoulder, cervical, right arm, sacral, bilateral buttock and pelvic pain, as well as anxiety, stress, and insomnia. Current diagnoses include cervical and lumbar intervertebral disc disorder with myelopathy and sciatica. In a progress note dated 06-22-15, the treating provider reports the plan of care as continued acupuncture treatments and medications including Omeprazole and Tramadol. The requested treatments include Omeprazole and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, sixty count, refills unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

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

**Decision rationale:** Omeprazole 20 mg, sixty count, refills unspecified is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 also state that a proton pump inhibitor can be considered if the patient has NSAID, induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.

**Tramadol 50 mg, thirty count, refills unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Tramadol 50 mg, thirty count, refills unspecified is not medically necessary per the MTUS. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal evidence of objective urine toxicology screen. It is not clear that the providing physician is following the MTUS opioid prescribing guidelines according to function and improved pain. The request for Tramadol is not medically necessary.