

<b>Case Number:</b>	CM15-0180098		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 24, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for tramadol, Naprosyn, and Prilosec. The claims administrator referenced an August 17, 2015 order form in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain, 7/10. The applicant was on Naprosyn, tramadol, and Prilosec. Activities of daily living as basic as kneeling, squatting, sitting, standing, walking, lifting, negotiating stairs remain problematic, it was reported. The applicant was on Naprosyn, tramadol, and Prilosec, it was reported. The attending provider contended that the applicant's pain complaints were limiting his activities. Tenderness about the SI joint region was appreciated. The applicant was placed off of work, on total temporary disability, while tramadol, Naprosyn, and Prilosec were renewed. There was no seeming mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. An SI joint injection and a sacroiliac joint injection were seemingly sought while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on August 12, 2015. Pain complaints as high as 7/10 were reported. The applicant reported difficulty performing activities of daily living as basic as sitting, standing, walking, lifting, and bending, it was acknowledged on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from ongoing tramadol usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

**Naproxen 500mg, #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 Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations, so as to ensure proper usage, and so as to manage expectations. Here, however, the applicant was off of work, on total temporary disability, it was reported on August 12, 2015. 7/10 pain complaints were noted. Ongoing use of Naprosyn failed to curtail the applicant's dependence on opioid agents such as tramadol. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on injection therapy; it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

**Prilosec 20mg, #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 Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Finally, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the August 12, 2015 office visit at issue. Therefore, the request was not medically necessary.