

<b>Case Number:</b>	CM15-0189974		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 33 year old female injured worker suffered an industrial injury on 11-6-2009. The diagnoses included 6-9-2015 left knee chondroplasty, lumbosacral herniation, myofascial pain, and lumbar facet arthropathy. On 7-28-2015 the treating provider reported she was still having ongoing back pain. He reported he cannot address the back pain until she was ambulatory again. On exam the thoracolumbar spine had moderately severe muscle spasms with reduced range of motion. There was reduced range of motion along with positive left straight leg raise, positive Braggart's test and positive Kemp test. Prior treatment included at least 6 sessions acupuncture. Diagnostics included consistent urine drug screen 9-2-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment. There were urine drug screens but no aberrant risk assessment. The Utilization Review on 9-16-2015 determined non-certification for Ibuprofen 800mg tablet take 1 po bid #60, Omeprazole DR 20mg tablet take 1 po bid #60, Tramadol HCL 50mg tablet take 1 po tid #90, and Amitriptyline HCL 50mg tablet take 1 po qhs #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg tablet take 1 po bid #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's low back pain is chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. Furthermore, physician report indicated the injured had recent side effect of stomach upset with NSAID while hospitalized. With MTUS guidelines not being met, the request for Ibuprofen 800mg tablet take 1 po bid #60 is not medically necessary.

**Omeprazole DR 20mg tablet take 1 po bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Documentation fails to show that the injured worker has active gastrointestinal symptoms. Furthermore, being that the request for NSAD use has not been approved, the ongoing use of Omeprazole is not indicated. The request for Omeprazole DR 20mg tablet take 1 po bid #60 is not medically necessary per guidelines.

**Tramadol HCL 50mg tablet take 1 po tid #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol HCL 50mg tablet take 1 po tid #90 is not medically necessary.

**Amitriptyline HCL 50mg tablet take 1 po qhs #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs) as first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. The injured worker complains of chronic low back pain. Physician report indicates Amitriptyline is prescribed for sleep. Documentation fails to show improvement in the injured worker's pain or level of function to establish the medical necessity for ongoing use of Amitriptyline. The request for ongoing use of Amitriptyline HCL 50mg tablet take 1 po qhs #30 is not medically necessary per MTUS guidelines.