

<b>Case Number:</b>	CM15-0198703		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 66 year old male, who sustained an industrial injury on 11-19-11. The injured worker is being treated for bilateral impingement shoulders, degenerative disc disease of lumbar spine and degenerative joint disease of right knee. X-rays of right and left shoulders performed on 4-15-15 revealed left acromioclavicular arthrosis, of lumbar spine revealed mild degenerative disc disease of L4-5 and L5-S1; and right knee revealed moderate to severe medial and lateral joint arthritis with superior patella spur and P-3 tibial malunion in 10 degrees of varus. Treatment to date has included knee brace, oral medications including Prilosec 20mg (since at least 2-26-15) and Ultram 50mg (since at least 2-26-15); and activity modifications. On 4-15-15 the injured worker complained of bilateral shoulder pain rated 8-9 out of 10 with radiation down arms to elbows, wrists and hands associated with numbness and tingling of hands and fingers; low back pain rated 8 out of 10 without radiation and right knee pain rated 10 out of 10 without radiation and on 9-9-15, the injured worker reports he has received Flexeril, using knee brace and corset and has had some procedures to shoulders but does not appear to be ultrasound or (MRI) magnetic resonance imaging. Documentation does not indicate improvement in pain or function with use of medications. Toxicology screening was not included with documentation. He is not currently working. Physical exam performed on 4-15-15 and on 9-9-15 revealed mild short gait and minimal reversal of flexion upon arising, tenderness over the medial and lateral joint lines and facets of the patella with mild crepitus and limited range of motion of right knee without instability. There is no documentation of abdominal exam or complaints of gastrointestinal problems. Request for authorization was submitted on 9-9-15

for Relafen 750mg #60, Prilosec 20mg #60 and Ultram 50mg #30. On 9-23-15 request for Prilosec 20mg #60 and Ultram 50mg #30 was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG)-Treatment in Workers Compensation, current edition, accessed online (updated 10/20/10) Proton pump inhibitors (PPIs).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

#### **Ultram 50mg #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): Opioids for chronic pain.

**Decision rationale:** When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario,

2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.