

<b>Case Number:</b>	CM15-0199091		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/02/2015
<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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 39-year-old female, with a reported date of injury of 04-08-2013. The diagnoses include lumbar disc herniation at L3-4 and L4-5 and history of lumbar injury with lumbar bulging disc with worsening paresthesias in the peroneal region and worsening numbness and difficulty with sexual function and loss of urine control. Treatments and evaluation to date have included Ibuprofen, Tylenol, Soma, Methocarbamol, Ultram (since at least 04-2014), and Prilosec (since at least 04-2014). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-11-2015 indicates that the injured worker had persistent symptoms of low back pain and buttock pain. The injured worker rated her low back pain 10 out of 10. On 02-20-2015, it was noted that the injured worker reported improvement in her pain level from 8 out of 10 to 6-7 out of 10 after taking medications. The pain radiated into the left hip and tingling in the groin. The stabbing pain in the buttocks was associated with night spasms. It was noted that the injured worker had increased numbness and has had episodes of loss of control of bladder function. The pain was made better with rest, medication, and ice. The objective findings include diffuse lumbar paraspinal tenderness and spasm; decreased sensation in the peroneal region and bilateral groin region; normal strength in the bilateral hip flexion, quadriceps, tibialis anterior, extensor hallucis longus, and gastroc-soleus; and intact sensation throughout the lower extremities. The treatment plan included the refill of Tramadol (Ultram) and Omeprazole (Prilosec) and use of these medications on an as needed basis. The injured worker was currently working in the same occupation. The treating physician noted that the prescribed medications were to control the injured worker's symptoms

and to help in restoring function in order to adequately perform her activities of daily living. The injured worker has been instructed to return to modified work. The request for authorization was dated 09-24-2015. The treating physician requested Ultram 50mg #90 with two refills and Prilosec 20mg #30. On 10-02-2015, Utilization Review (UR) non-certified the request for Prilosec 20mg #30 and modified the request for Ultram 50mg #90 with two refills to Ultram 50mg #90 with no refills.

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

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

**Ultram 50mg #90 with 2 refills: Upheld**

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

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

**Decision rationale:** Ultram is the medication tramadol. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been receiving Ultram since at least February 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/prilosec-delayed-release-capsules-and-ora;-suspension>druglabelid=1123&id=3174->.

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

**Decision rationale:** Prilosec is omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent

use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.