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| <b>Case Number:</b>   | CM15-0209706 |                              |            |
| <b>Date Assigned:</b> | 10/28/2015   | <b>Date of Injury:</b>       | 09/06/2002 |
| <b>Decision Date:</b> | 12/16/2015   | <b>UR Denial Date:</b>       | 10/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/26/2015 |

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female who sustained an industrial injury on 9-6-02. A review of the medical records indicates she is undergoing treatment for herniated nucleus pulposus of the cervical spine, cervical degeneration with radiculopathy, and lumbar disc herniation at L5-S1. Medical records (4-8-15, 5-11-15, 5-29-15, 7-9-15, 7-23-15, 8-3-15, 8-20-15, 8-16-15, and 10-1-15) indicate ongoing complaints of neck, right shoulder, right elbow, and back pain. She rates her pain "7-8 out of 10". She also complains of headaches, which she notes to start in the posterior neck region (10-1-15). The physical exam (10-1-15) reveals a "mildly" antalgic gait. Limited range of motion is noted in the cervical and lumbar spine in all planes. She is noted to be wearing a right wrist brace. "Mild" tenderness is noted over the right posterior superior iliac spine. Sensation is noted to be "intact" in upper and lower extremities. Diminished motor strength is noted in upper and lower extremities. Diagnostic studies have included MRIs of the cervical and lumbar spine, as well as an EMG-NCV study of bilateral upper extremities. Treatment has included acupuncture, physical therapy, a cervical epidural steroid injection in 2001, chiropractic treatment, a right shoulder ASAD, medications, and a right elbow arthroscopy surgery on 9-16-04. Her medications include Tylenol #3, Prilosec, Trazadone, and Ketoprofen cream. She is not working. The treatment plan includes a trial of Ultracet as needed for severe pain and continuation of Omeprazole and Trazodone. She has been receiving Omeprazole since, at least 4-8-15 and Trazodone since, at least, 5-29-15. The utilization review (10-21-15) includes requests for authorization of Omeprazole 20mg #60, Tramadol-APAP 37.5-325mg #90, and Trazodone 50mg #60. The Trazodone was modified to a quantity of 30. Omeprazole and Tramadol-APAP were denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Proton pump inhibitors.

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

**Decision rationale:** Records indicate the patient has ongoing complaints of low back, neck and upper extremity pain. The current request for consideration is Omeprazole 20mg #60. The CA MTUS recommends medications such as Omeprazole for patients with complaints of gastritis, gastroesophageal reflux disease (Gerd) or dyspepsia. Prophylactic use is supported by MTUS when specific criteria are met, which include: (1) age >65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS recommends proton pump inhibitors for patients who are at risk for gastrointestinal events. The records do not discuss side effects of the medications or complaint of dyspepsia. In this case, the documentation is not consistent with guideline criteria and therefore fails to establish medical necessity for the request of Omeprazole. The request is not medically necessary.

### **Tramadol/APAP 37.5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** Records indicate the patient has ongoing complaints of low back, neck and upper extremity pain. The current request for consideration is Tramadol/APAP 37.5/325mg #90. The attending physician report dated 10/1/15, page, indicate the symptoms remain unchanged since last visit. The attending physician goes on to state in regards to her medication, "these are helping with her pain level and allowing for an increased level of function." He does not offer any specifics in regards to pain levels of increased functional ability. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant

for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no specific documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no pain assessment which details levels of pain before and after medication use and for how long the pain is reduced. There is also no discussion of urinary drug screen. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not consistent with MTUS guidelines and not medically necessary.

**Trazodone 50mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental illness & stress.

**Decision rationale:** Records indicate the patient has ongoing complaints of low back, neck and upper extremity pain. The current request for consideration is Trazadone 50mg #60. The attending physician in his report dated 10/1/15, states the Trazadone is needed for insomnia. MTUS is silent on this issue and the ODG was consulted and has this to say regarding Trazadone: Recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. In this case, there is no discussion regarding psychiatric symptoms such as depression or anxiety. There is no diagnosis for depression. As such, the current request is not consistent with ODG guidelines, and the current request is not medically necessary.