

<b>Case Number:</b>	CM15-0050509		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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  
 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 47 year old male, who sustained an industrial injury on May 6, 2013. He reported pain in his lower back. The injured worker was diagnosed as having lumbar discopathy. Treatment to date has included diagnostic studies, physical therapy and medications. On March 18, 2015, the injured worker complained of constant pain in the low back with radiation into the right lower extremities. The pain was characterized as sharp and is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain was rated as a 7 on a 1-10 pain scale. He also complained of bilateral hip pain that is aggravated by activity. This pain was rated as a 4 on a 1-10 pain scale. The treatment plan included medications, referral to a podiatrist for orthotic, ergonomic work station evaluation and adjustment, follow-up with hip specialist, physical therapy, EMG/NCV of bilateral lower extremities, MRI of the lumbar spine and return to modified work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient was injured on 05/06/13 and presents with low back pain and bilateral hip pain. The request is for OMEPRAZOLE 20 MG #120. The RFA is dated 02/17/15 and the patient is on modified work duty. The patient has been taking this medication as early as 04/18/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. As of 01/15/15, the patient is taking Nalfon, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #3, Sumatriptan Succinate, Norco, Levofloxacin, and Cymbalta. The patient has been taking Omeprazole as early as 04/18/14. There is no discussion regarding what omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the requested omeprazole IS NOT medically necessary.

**Tramadol 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 05/06/13 and presents with low back pain and bilateral hip pain. The request is for TRAMADOL 150 MG #90. The RFA is dated 02/17/15 and the patient is on modified work duty. The patient has been taking this medication as early as 04/18/14. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, "Criteria for use of opioids for Long-term Users of Opioids (6-months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 Criteria for use of Opioids, ongoing management, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no pain scales describing before-and-after medication usage to document analgesia. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is

compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol IS NOT medically necessary.