

<b>Case Number:</b>	CM15-0058430		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/17/2000
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 17, 2000. In a Utilization Review report dated February 16, 2015, the claims administrator failed to approve requests for Ultram and Prilosec. A RFA form received on February 9, 2015 was referenced in the determination, along with a progress note of January 20, 2015. The applicant's attorney subsequently appealed. On September 16, 2014, Norco, Prilosec, Ultram, and naproxen were endorsed for ongoing complaints of neck pain radiating into the arms. The applicant had previously been given permanent work restrictions following earlier failed cervical spine surgery, it was acknowledged. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was 63 years of age as of this date. It was suggested that Prilosec was endorsed for gastric protective effect as opposed to for actual symptoms of reflux. On January 27, 2015, the applicant underwent urine drug testing which included testing for approximately 200 different metabolites. The testing was seemingly negative for all opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Ultram, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with previously imposed permanent limitations in place, it was suggested on September 16, 2014. On that date, the attending provider failed to outline any quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Ultram usage (if any). Therefore, the request was not medically necessary.

**Prilosec 20mg #60:** 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in a September 16, 2014 progress note that Prilosec was intended for gastric protective effect purposes. However, the applicant failed to meet criteria for prophylactic usage of proton pump inhibitors set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Specifically, the applicant was 63 years of age as of the date of the request (less than 65), was only using one NSAID, was not using NSAIDs in conjunction with corticosteroids, and had no known history of previous GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.