

<b>Case Number:</b>	CM15-0080826		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Montana

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:

This 58-year-old female sustained an industrial injury to the neck and right knee on 7/5/12. Previous treatment included magnetic resonance imaging, electromyography, injections, transcutaneous electrical nerve stimulator unit, heat, ice, home exercise and medications. In a PR-2 dated 3/23/15, the injured worker complained of pain over the left side of her head, neck, left trapezius and right knee, rated 7/10 on the visual analog scale without medications and 5/10 with medications. The injured worker reported getting relief after having her knee drained and receiving a cortisone injection four months ago. The injured worker reported that medications were helpful and well tolerated. The injured worker was using a topical compound cream because Naproxen Sodium was causing too much gastrointestinal upset. Current diagnoses included right knee pain, right knee chondroplasty of the patella, neck pain, cervical facet pain, cervical spine discogenic pain, cervical spine radiculitis, bilateral carpal tunnel syndrome, myofascial pain and depression due to chronic pain. The treatment plan included continuing home exercise, heat, ice and transcutaneous electrical nerve stimulator unit, discontinuing Naproxen Sodium and Ultracet, continuing medications (Cyclobenzaprine and Omeprazole) and starting Tramadol. The physician noted that Tramadol was just a little stronger than Ultracet so it should provide the injured worker with better pain relief without being too strong for her. A subsequent treatment note on 4/27/15 documents failed treatment with tramadol as Ultracet and Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78 and 93-94.

**Decision rationale:** The MTUS notes that Ultram (tramadol) is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. In this case, the treatment note on 4/27/15 documents inadequate pain control with tramadol. It was discontinued with Norco started for pain control. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The records do not document a complete pain assessment as noted above. With no significant efficacy the request for Ultram, 50mg #100 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors.

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor (PPI) used for treatment of gastrointestinal disorders and for patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. The MTUS recommends use of a proton pump inhibitor if non-selective NSAIDs are used in patients with intermediate risk for gastrointestinal events and no

cardiovascular disease. For patients at high risk of gastrointestinal events use of a proton pump inhibitor is absolutely necessary. The ODG guidelines note that PPIs are recommended for patients at risk for gastrointestinal events and are highly effective in preventing gastric ulcers induced by NSAIDs. Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple non steroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case, the medical records show that Prilosec has been used for side effects related to use of naproxen sodium. The treatment note on 3/23/15 documents discontinuation of naproxen sodium. The MTUS does recommend proton pump inhibitors for patients utilizing chronic non-steroidal anti-inflammatory drug therapy. Since NSAID use is discontinued the request for Prilosec 20 mg #60 is not medically necessary.