

<b>Case Number:</b>	CM15-0086805		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 54 year old male, who sustained an industrial injury on 06/30/2000. On provider visit dated 03/23/2015 the injured worker has reported low back pain that radiates down his left leg, pain was noted top associate with numbness and tingling. On examination of the left shoulder revealed tenderness to palpation over the acromioclavicular joint. Neer's, Hawkin's and O'Brien's tests were positive. Decreased range of motion secondary to pain and stiffness, and lumbar spine revealed positive tenderness to palpations over the lumbar paraspinal musculature and a decreased range of motion secondary to pain and stiffness, positive straight leg raise on the left and Faber/Patrick's test was noted as positive. The diagnoses have included lumbar discopathy with disc displacement, lumbar radiculopathy and left shoulder impingement syndrome. There was no documentation submitted clearly stating initial start date of medication, no pain scale clearly stating pain level before medication and after medication was administered. Treatment to date has included laboratory studies and medications. The provider requested Prilosec (Omeprazole DR) 20mg #90, Ultra ER (tramadol HCL) 150 mg #90, and Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole DR) 20mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 54 year old male has complained of back pain and shoulder pain since date of injury 6/30/2000. He has been treated with physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.

**Ultra ER (Tramadol Hcl) 150mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 54 year old male has complained of back pain and shoulder pain since date of injury 6/30/2000. He has been treated with physical therapy and medications to include opioids since at least 02/2015. The current request is for Ultra ER. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultra ER is not medically necessary.

**Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 54 year old male has complained of back pain and shoulder pain since date of injury 6/30/2000. He has been treated with physical therapy and medications to include opioids since at least 02/2015. The current request is for Norco. No treating physician reports

adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.