

<b>Case Number:</b>	CM14-0152575		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old male who has submitted a claim for cervical, lumbar and elbow sprain/strain, cervical lumbosacral radiculopathy with shoulder tendonitis/bursitis and shoulder osteoarthritis associated with an industrial injury date of March 19, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the cervical area. Physical examination revealed decreased cervical range of motion, spasm, guarding and tenderness of the cervical muscles, right shoulder positive impingement sign, tenderness of the right lateral epicondyle and pain with resisted wrist extension and weakness. Treatment to date has included Ultram since at least 4/8/14, and Relafen. The patient reportedly derived 30% pain reduction and improvement in activities of daily living from previous use of Relafen. Utilization review from August 19, 2014 denied the request for Prescription of Ultram ER 100mg, #60 with 5 refills, Prescription of Prilosec 20mg, #60 with 5 refills and Prescription of Relafen 750 mg, #60 with 5 refills. The request for Ultram was denied because there was no documented evidence of any significant quantifiable functional improvement resulting from prior use of Ultram. The request for Omeprazole was modified given that the patient has been prescribed Relafen, an NSAID, has a history of gastroesophageal reflux disease but the amount was excessive given that the patient follows up monthly. The request for Relafen was modified to a lower amount because the patient follows up monthly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Ultram ER 100mg, #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

**Decision rationale:** The patient is a 50-year-old male who has submitted a claim for cervical, lumbar and elbow sprain/strain, cervical lumbosacral radiculopathy with shoulder tendonitis/bursitis and shoulder osteoarthritis associated with an industrial injury date of March 19, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the cervical area. Physical examination revealed decreased cervical range of motion, spasm, guarding and tenderness of the cervical muscles, right shoulder positive impingement sign, tenderness of the right lateral epicondyle and pain with resisted wrist extension and weakness. Treatment to date has included Ultram since at least 4/8/14, and Relafen. The patient reportedly derived 30% pain reduction and improvement in activities of daily living from previous use of Relafen. Utilization review from August 19, 2014 denied the request for Prescription of Ultram ER 100mg, #60 with 5 refills, Prescription of Prilosec 20mg, #60 with 5 refills and Prescription of Relafen 750 mg, #60 with 5 refills. The request for Ultram was denied because there was no documented evidence of any significant quantifiable functional improvement resulting from prior use of Ultram. The request for Omeprazole was modified given that the patient has been prescribed Relafen, an NSAID, has a history of gastroesophageal reflux disease but the amount was excessive given that the patient follows up monthly. The request for Relafen was modified to a lower amount because the patient follows up monthly.

**Prescription of Prilosec 20mg, #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole (Prilosec). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Proton pump inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as Omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient is on chronic use of Relafen, an NSAID. The patient has a history of gastroesophageal reflux disease, hence, PPI is indicated. However, there is no discussion why 5 refills are medically necessary. Frequent monitoring of patient's response to his regimen is paramount prior to continuing medication management. Therefore, the request for Prilosec 20 mg, #60 with 5 refills is not medically necessary.

**Prescription of Relafen 750mg, #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone (Relafen) Nonselective NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) pages 67-68; Nabumetone (Relafen, generic availa.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone should be sought for each patient. Its use for moderate pain is off-label. The recommended starting dose for Relafen is 1000mg and additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. In this case, it is not clear from the records provided when Relafen was started but records from June 2014 show that the patient was already taking this medication at that time. It is also not clear how many times a day the patient takes this medication. Although the UR mentions that the patient derived 30% pain reduction, this pain reduction was not found in the progress notes. Moreover, given that the patient started using this medication since at least June 2014, the patient is already transitioning to long-term use, which is not backed up by evidence according to the guidelines. The guideline recommends nabumetone use at the lowest effective dose at the shortest period of time possible. The medical necessity for continued use of this medication was not established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prescription of Relafen 750mg, #60 with 5 refills is not medically necessary.