

<b>Case Number:</b>	CM14-0153511		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 56-year-old female who has submitted a claim for brachial neuritis associated with an industrial injury date of May 22, 2014. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the lower extremities, mainly on the left, with numbness, tingling and weakness. Right-sided ankle pain with weakness was also reported. Examination of the lumbar spine showed spasm, tenderness, and guarding over the paravertebral muscles; decreased range of motion; decreased dermatomal sensation with pain over the left dermatome; and loss of motor strength over the right ankle graded 4/5. The diagnoses included cervical and lumbar radiculopathy; hand sprain/strain; and ankle sprain/strain. Treatment to date has included NSAIDs, Prilosec and physical therapy. Utilization review from September 5, 2014 modified the request for Tramadol (Ultram) HCL ER 150mg #60 to #30 to initiate weaning process. There was no documented symptomatic or functional improvement from previous use. Furthermore, there was no documentation of failed trial of first-line opiates. The request for Omeprazole (Prilosec) 20mg #90 was denied because there was no documentation of GI distress symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol (Ultram) HCL ER 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Tramadol (Ultra.

**Decision rationale:** Page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, the records did not document patient's current pain medication regimen. It is unclear whether tramadol was taken chronically. Moreover, most recent progress reports did not discuss severity of symptoms. There was also no evidence of failure of first-line oral analgesics to manage pain. The guideline recommends tramadol only as an option for management of moderate to severe pain. The medical necessity cannot be established due to lack of information. Therefore, the request for Tramadol (Ultram) HCL ER 150mg #60 is not medically necessary.

**Omeprazole (Prilosec) 20mg #90:** 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 NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, there was no evidence of gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Omeprazole (Prilosec) 20mg #90 is not medically necessary.