

<b>Case Number:</b>	CM14-0212672		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain, hypertension, and abdominal pain reportedly associated with an industrial injury of August 9, 2011. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve request for omeprazole and tramadol. Progress notes of October 10, 2014 and November 7, 2014, were referenced in the determination. The applicant's attorney subsequently appealed. On June 18, 2014, the applicant reported ongoing complaints of low back and bilateral knee pain, 7/10. It was suggested that the applicant was working. The applicant stated that tramadol was reducing his pain scores from 7/10 without medications to 4-5/10 with medications. The attending provider posited that the applicant's ability to perform heavy lifting had been ameliorated as a result of ongoing tramadol usage. On June 3, 2014, the applicant was given Zestril and metformin for diabetes. On September 2, 2014, the applicant was asked to continue a 30-pound lifting limitation imposed by medical-legal evaluator. The applicant again stated the ongoing usage of tramadol was attenuating his pain complaints from 7/10 without medications to 3/10 with medications. The applicant did report issues with gastrointestinal distress/gastrointestinal reflux disease reportedly imputed to previous usage of NSAIDs. Omeprazole was introduced. The applicant was asked to consult an internist to further evaluate the same. On October 8, 2014, the attending provider again reiterated the applicant was working with restrictions in place, and was deriving appropriate improvement in analgesia and performance with activities of daily living with ongoing tramadol usage. The same, rather permissive 30-pound lifting limitation was imposed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, 1 tab po every day #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia as was/is present here, it was reported on office visit of August 27, 2014. Introduction, selection, and/or ongoing usage of omeprazole (Prilosec) was indicated to combat the same. Therefore, the request was medically necessary.

**Tramadol 50 mg, 1 tab po every 8 hours prn #90:** Overturned

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

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

**Decision rationale:** 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, the applicant has returned to and maintained full-time work status with ongoing medication consumption, including ongoing tramadol consumption. The attending provider has reported on several progress notes, referenced above, that the applicant is deriving appropriate analgesia with ongoing tramadol usage. The attending provider also stated that ongoing usage has ameliorated the applicant's ability to perform various and sundry activities of daily living, including walking and lifting. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.