

<b>Case Number:</b>	CM15-0012840		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old individual, who sustained an industrial injury on 04/22/2012. The injured worker has reported neck pain and low back pain. The diagnoses have included cervical sprain/strain; right shoulder sprain/strain; degenerative lumbar disc disease; and left knee sprain/strain. Treatment to date has included medications, TENS unit, and home exercise program. Medications have included Naproxen, Cyclobenzaprine, Tramadol, and Omeprazole. A progress note from the treating physician, dated 12/24/2014, documented a follow-up visit with the injured worker. The injured worker reported neck pain; low back pain radiating to the lower extremities; and medications are helpful about 50-70%. Objective findings included tenderness to palpation of the lumbar paraspinal muscles. The treatment plan has included continuation/prescriptions of medications; and follow-up evaluation as scheduled. On 01/08/2015 Utilization Review noncertified a prescription for Omeprazole 20 mg, quantity: 60; and a prescription for Tramadol 37.5/325 mg, quantity: 90. The CA MTUS was cited. On 01/14/2015, the injured worker submitted an application for IMR for review of a prescription for Omeprazole 20 mg, quantity: 60; and a prescription for Tramadol 37.5/325 mg, quantity: 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, quantity: 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg, quantity: 60 is not medically necessary and appropriate.

**Tramadol 37.5/325mg, quantity: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Tramadol 37.5/325mg, quantity: 90 is not medically necessary and appropriate.