

<b>Case Number:</b>	CM15-0116773		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 injured worker is a 43 year old female, who sustained an industrial injury on 9/22/2014. She reported injury to the head, neck, shoulders, hand, hip, knee, and ankle after falling down a flight of stairs. The injured worker was diagnosed as having status post right shoulder surgery (6/6/2013), right wrist and hand strain/sprain rule out tendinitis carpal tunnel syndrome, right elbow strain/sprain rule out lateral epicondylitis, multiple herniated cervical disc with radiculopathy, lumbar spine strain/sprain rule out herniated lumbar disc with radiculitis/radiculopathy, status post first cervical epidural injection with good relief, carpal tunnel syndrome on the right by positive EMG (electromyogram) studies, and cervical spine radiculopathy by positive EMG studies. Treatment to date has included medications, and electrodiagnostic studies. The request is for Omeprazole, Tramadol, and Naproxen. On October 14, 2014, she is reported to not be on medications except Motrin. On 4/24/2015, she complained of continued neck pain. She indicated she had a 2 week relief of pain from a cervical spine epidural injection on 4/6/15. She reported her pain level as 6/10, and that medications only help her to manage her pain, but does not completely take the pain away. She stated that physical therapy did not provide relief. In addition, she reported pain to the right shoulder region. Physical findings revealed tightness and spasms in the shoulder region, a positive Spurling's test, and cervical spine range of motion forward flexion 45 degrees, extension 50 degrees, rotation bilaterally 65 degrees, lateral bending bilaterally 25 degrees, and a positive foraminal compression test. The treatment plan included: chiropractic treatment, discogram of the cervical spine, neurological consultation, Tramadol, Prilosec, and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 82-83.

**Decision rationale:** Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The CA MTUS indicates the "4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors." The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. The chart does not include urine drug screens. The request does not include dosing and frequency. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

**Naproxen 550mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61, 66-68.

**Decision rationale:** The CA MTUS guidelines state that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The CA MTUS guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain of osteoarthritis of the knee and hip; or as an option for short-term symptomatic relief of chronic low back pain. The CA MTUS indicates that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. The records do not document pain and function improvement with the utilization of Naproxen. The IW has been on this medication for several months. The request does not include dosing or frequency. Therefore, the request for Naproxen 550 mg #60, with 4 refills is not medically necessary.

**Omeprazole 20mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include dosing or frequency. The request for Omeprazole is not medically necessary based on the MTUS.