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| <b>Case Number:</b>   | CM15-0172489 |                              |            |
| <b>Date Assigned:</b> | 09/14/2015   | <b>Date of Injury:</b>       | 07/19/2010 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/01/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 07-19-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic thoracic spine strain or sprain, chronic neck pain with degenerative disc disease, and left cubital tunnel syndrome. Medical records (03-17-2015 to 08-04-2015) indicate ongoing neck pain. Pain levels were not mentioned. There was an activity assessment (dated 07-20-2015) indicating decreased ability to perform activities of daily living; however, there was no other assessments and no noted changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was under future medical care and work status was not specified. The physical exam, dated 08-04-2015, revealed tenderness to the cervical paraspinal musculature, restricted range of motion in the cervical spine, and 5 out of 5 motor strength in the bilateral upper extremities. Relevant treatments have included: left cubital tunnel release (2012), physical therapy (PT), home exercise program, work restrictions, and medications (omeprazole, Voltaren gel and tramadol since at least 06-09-2015). The request for authorization (08-04-2015) shows that the following medications were requested: omeprazole 20mg #30 with one refill, Voltaren gel 10mg #2 with one refill, and tramadol 50mg #60 with one refill. The original utilization review (08-14-2015) non-certified the request for omeprazole 20mg #30 with one refill, Voltaren gel 10mg #2 with one refill, and tramadol 50mg #60 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in July 2010 and is being treated for chronic neck and thoracic pain and chronic symptoms after a left cubital tunnel release. His injury occurred while driving when he struck his head and left elbow. He underwent left elbow surgery in August 2012. He has a history of "stomach ulcers". When seen, a surgical evaluation had been completed and surgery was not being recommended. He was performing a home exercise program. Physical examination findings included cervical spine tenderness with decreased range of motion. Medications were refilled. Omeprazole was being prescribed for gastrointestinal upset related to taking Ultram. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Continued prescribing of Ultram is not being recommended. The continued prescribing of Omeprazole is not medically necessary.

**Voltaren gel 10mg quantity 2 with one refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in July 2010 and is being treated for chronic neck and thoracic pain and chronic symptoms after a left cubital tunnel release. His injury occurred while driving when he struck his head and left elbow. He underwent left elbow surgery in August 2012. He has a history of "stomach ulcers". When seen, a surgical evaluation had been completed and surgery was not being recommended. He was performing a home exercise program. Physical examination findings included cervical spine tenderness with decreased range of motion. Medications were refilled. Omeprazole was being prescribed for gastrointestinal upset related to taking Ultram. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has a history of gastric ulcers and has localized left elbow pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is considered medically necessary.

**Tramadol 50mg quantity 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in July 2010 and is being treated for chronic neck and thoracic pain and chronic symptoms after a left cubital tunnel release. His injury occurred while driving when he struck his head and left elbow. He underwent left elbow surgery in August 2012. He has a history of "stomach ulcers". When seen, a surgical evaluation had been completed and surgery was not being recommended. He was performing a home exercise program. Physical examination findings included cervical spine tenderness with decreased range of motion. Medications were refilled. Omeprazole was being prescribed for gastrointestinal upset related to taking Ultram. Ultram (tramadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.