

<b>Case Number:</b>	CM15-0067666		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: 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 66-year-old male, who sustained an industrial injury on May 14, 2013. He reported that he gradually developed pain and symptoms in his neck, low back, right shoulder, arm and hand. Treatment to date has included medications, topical creams, work modifications, and diagnostic imaging. Currently, the injured worker complains of anxiety, sleep disturbances and struggles with activities of daily living. He has an increased perception of pain and worries about persistent pain. Diagnoses associated with the request included thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, elbow sprain/strain, knee tendinitis/bursitis, wrist tendinitis/bursitis and ankle tendinitis/bursitis. His treatment plan includes voltaren, tramadol extended release and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 76.

**Decision rationale:** As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation of improvement with this medication. Patient is chronically. There is no plan to either taper or stop this medication. Chronic use without benefit is not recommended. The number of refills requested is not appropriate and does not meet MTUS guideline requirement for monitoring. Naproxen 550mg is not medically necessary.

**Prilosec 20mg #60 with 5 refills:** 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 Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is not on any NSAIDs. Patient has history of GERD and is over 65 years old which is at higher risk for GI bleed, however requested Voltaren is not medically necessary on UR and this review therefore Prilosec/Omeprazole is not medically necessary.

**Ultram ER 150mg #60 with 5 refills:** 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): 76-78.

**Decision rationale:** Ultram or Tramadol is a Mu-Agonist an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. There is no documentation of any objective improvement in pain or function. The number of refills requested is not appropriate and does not meet MTUS guideline requirement for monitoring. Documentation and prescription does not meet criteria for recommendation. Ultram with multiple refills is not medically necessary.