

<b>Case Number:</b>	CM15-0070706		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 8/22/2008. Diagnoses include cervical intervertebral disc displacement without myelopathy, bilateral ulnar nerve injury, carpal tunnel syndrome, radial styloid tenosynovitis, lumbar intervertebral disc displacement without myelopathy, neuritis/radiculitis thoracic/lumbosacral, status post right knee arthroscopy, abnormality of gait and gastroesophageal reflux disease (GERD). Treatment to date has included diagnostics, surgical intervention (right knee arthroscopy undated), activity modification, work restriction and medications. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported right anterior shoulder, left anterior shoulder, left cervical, right cervical, right anterior wrist, right anterior hand, right posterior elbow, left lumbar, lumbar, right lumbar, left sacroiliac, right sacroiliac, left abdominal, right anterior knee and left anterior knee pain. The pain is rated as 6/10. At its worst the pain is rated as 8/10 and at its best the pain is rated as 5/0. Physical examination revealed restricted lumbar ranges of motion. He walks with the assistance of a single point cane. There was decreased sensation of the L4 and L5 dermatomes on the right and decreased muscle on ankle flexion dorsi flexion 4/5 on the right. The plan of care included medications and authorization was requested for Naproxen, omeprazole, Tramadol and Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the claimant required the use of a PPI due to Naproxen use. There was no indication of amount of improvement in recent visits with Naproxen use. Continued use of Naproxen is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

**Tramadol 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time and required addition of more analgesics in the past year. The claimant was initially on Tramadol and Relafen and recently, Tramadol, Naproxen topical analgesics. There was no mention of

failure. Long-term use of Tramadol is not recommended. VAS score response to Tramadol was not noted. Continued use of Tramadol is not medically necessary.