

<b>Case Number:</b>	CM15-0090956		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on November 30, 2013. She reported noting the onset of low back pain while attempting to lift up a patient. The injured worker was diagnosed as having industrial aggravation of lumbar degenerative disc disease with grade 1 spondylosis L4-L5. Treatment to date has included physical therapy, chiropractic treatments, and medication. Currently, the injured worker complains of ongoing low back pain. The Primary Treating Physician's report dated March 12, 2015, noted the injured worker with no improvement, reporting her pain level at 7/10, improved with BenGay and medication. Physical examination was noted to show positive paravertebral muscle tenderness. The treatment plan was noted to include treatment requests for a core strengthening program, Tramadol, Omeprazole, and Flexeril. The injured worker was noted to have a work status of permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnosis is industrial aggravation of lumbar degenerative disc disease with grade I spondylolisthesis L4 - L5. Subjectively, according to a March 12, 2015 progress note, the injured worker has 7/10 pain of the lower back. There is no history of diarrhea, constipation, vomiting blood or heartburn. Objectively range of motion is decreased and there is tenderness palpation bilaterally. Motor examination is normal. Omeprazole was started November 3, 2014. There is no clinical indication or rationales in the medical record for starting omeprazole. There were no risk factors or call morbid conditions such as history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Additionally, the medical record documentation indicates omeprazole 20 mg #30 is prescribed monthly. The request for authorization states omeprazole 20 mg #60. Omeprazole 20 mg indicated once per day. Consequently, absent clinical documentation with a clinical indication or rationale, history of risk factors or comorbid conditions and omeprazole 20 mg #60 (medication indicated once daily), Omeprazole 20 mg #60 is not medically necessary.

**Tramadol HCL 50 mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCl 50 mg #50 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is industrial aggravation of lumbar degenerative disc disease with grade I spondylolisthesis L4 - L5. Subjectively, according to a March 12, 2015 progress note, the injured worker has 7/10 pain of the lower back. There is no history of diarrhea, constipation, vomiting blood or heartburn. Objectively

range of motion is decreased and there is tenderness palpation bilaterally. Motor examination is normal. Tramadol was first prescribed in a progress note dated September 4, 2014. This is the earliest progress note in the medical record and not necessarily the start date tramadol. The injured worker has ongoing 7/10 pain in the lower back. There is no documentation indicating objective functional improvement to support the ongoing use of tramadol. There were no risk assessments for detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of tramadol, risk assessments in detail pain assessments, and continued subjective pain 7/10 of the lower back, Tramadol HCl 50 mg #50 is not medically necessary.