

Case Number:	CM13-0007545		
Date Assigned:	12/04/2013	Date of Injury:	01/10/2005
Decision Date:	01/15/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male with injury from 1/10/05. Diagnosis is right 1,2nd extensor tendon laceration s/p repair of the tendon with residual pain. [REDACTED] reports from 1/14/13 to 9/19/13 are reviewed. The patient still has pain particularly when bumping the area. He is working and uses a thick glove with metallic flange to protect the wrist. Uses for Ultram for pain, and needs Prilosec for "gastric protection." Exam is tenderness over the wrist. 2/18/13 report has persistent right hand pain, needs refills. Prilosec is to "buffer" the stomach. No pain levels are documented. 3/22/13 report states that he is able to cook and clean for himself, working full time, some sleep issues. 5/15/13 states that Tramadol ER once daily is very helpful and takes Prilosec as well. He doesn't take Naproxen too frequently. Prilosec dispensed for gastric protection. 6/19/13 report, Tramadol once a day is very helpful. Now working part-time. 9/19/13 reports pain constant at 6-7/10, with spasms right hand, numbness and tingling right wrist to elbow. Working full-time work. Did not make it for appointments for couple months due to work. Ultram, Naproxen and Prilosec are dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec #60: 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 & Cardiovascular Risk Section Page(s): 69.

Decision rationale: This patient suffers from chronic right wrist pain from a tendon injury and repair. The patient is prescribed Prilosec to "buffer" the stomach and for gastric irritation. However, the treating physician does not document in subjective sections what exact gastric problems the patient is having. There is no mention of peptic ulcer disease history, no concurrent use of anti-coagulants, ASA or steroids, no mention of any potential cardiac issues. There is no mention of any gastric symptoms other than the expression that medication is used to protect the stomach. The question is what kind of problems the stomach is protected from. Despite review of 9 months of reports, not a single mention is made regarding the patient having problems with stomach pain, reflux or other issues. If the Prilosec is providing the protection, it is not mentioned. The patient appears to be given Prilosec on a prophylactic basis but the treating physician does not provide a GI risk profile as required by MTUS. Furthermore, based on the reports, it does not appear that Naproxen is being taken regularly or effectively by the patient. Couple of the reports indicate that Naproxen is not being taken "too frequently." This can be tip-off that the patient may not be taking it or that he is not benefitting from it. The treating physician has not explored this by obtaining additional information. If Naproxen is helping with pain and function, there is no need to continue the medication and hence, also Prilosec. Given the lack of risk stratification regarding the NSAID use, and also lack of documentation of any gastric side effects from the patient, it does not appear that MTUS supports the use of this medication. Recommendation is for denial.

Tramadol ER 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Section Page(s): 88-89.

Decision rationale: This patient suffers from chronic right wrist pain with tendon injury and subsequent repair. The patient has returned to work and the treating physician has been prescribing Tramadol ER #30. There is documentation that Tramadol has been "very helpful" and the patient has been continued on this medication. The California MTUS requires certain documentation for chronic use of opiates. Tramadol is a synthetic opiate. MTUS requires reduction of pain, improved function and quality of life. The treating physician appears to provide some documentation of pain reduction and function. However, MTUS further requires pain assessment each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Despite review of 9 months of reports, the treating physician does not provide a numerical scale of functioning on this patient. The MTUS also requires under its outcome measures, current pain; average pain; least amount of pain; duration of pain relief with medication; time it takes to experience pain relief, etc. The treating physician has not provided such documentation. Only the patient's pain level is provided. The treating

physician's documentation that medication is "very helpful" is inadequate in terms of MTUS documentation requirements for chronic use of opiates. Recommendation is for denial.