

Case Number:	CM13-0013438		
Date Assigned:	01/31/2014	Date of Injury:	01/09/2009
Decision Date:	04/11/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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/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 patient is a 52-year-old male with a date of injury of 1/9/2009. Review of medical records indicate that he is undergoing treatment for bilateral carpal tunnel syndrome, right shoulder impingement syndrome, right shoulder supraspinous tendinosis, parasthesias to bilateral upper extremities, diabetes, and hypertension. Subjective complaints include occasional lower sternal pain/burning, pain to right hand/wrist with numbness of 2nd-5th fingers, and pain to right side of neck (6-7/10 scale). Objective findings (2/21/2013) include right hand grip strength of 8kg, left hand grip strength of 54kg, and tenderness with right shoulder and extremity movement. MRI dated 2/1/2013 indicates mild right shoulder acromioclavicular osteoarthritis, infraspinatus tendonitis, and mild bicipital tenosynovitis. EMG and nerve conduction study dated 4/10/2013 reports severe right carpal tunnel syndrome, mild-to-moderate right C6 cervical radiculopathy, right ulnar neuropathy at the elbow, and no evidence of radial neuropathy. Treatment has included right carpal tunnel release (8/21/2009) with subsequent debridement/irrigation/postoperative infection (9/2/2009, 9/8/2009, 10/5/2009), right wrist splint, and unknown number of occupational therapy for wrist. Treating physician (6/5/2013) requested "for baseline pain management and inflammation, anaprox 550mg one bid #60, to protect the gastric mucosa, Prilosec 20mg one daily #30, and for breakthrough pain, ultram 50mg one bid as needed #60 with one additional refill". A utilization review dated 7/15/2013 non-certified the request for anaprox, Prilosec, and ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG#60.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension." MRI dated 2/1/2013 indicates mild right shoulder acromioclavicular osteoarthritis. Physical exam performed on 6/5/2013 noted decreased flexion, extension, abduction, and adduction of right shoulder with 6-7 out of 10 on pain scale. While the medical records indicate that the majority of the patient's pain complaints are due to his right wrist and numbness, he does have radiological evidence of osteoarthritis and with positive subjective and objective findings to the right shoulder. As such, the request for Anaprox 550mg #60 is medically necessary at this time.

PRILOSEC 20MG#60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 \hat{I} ¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Omeprazole 20mg #60 is not medically necessary.

ULTRAM 50MG#60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, TRAMADOL, ULTRAM, Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TRAMADOL (ULTRAM)

Decision rationale: Ultram is the brand name version of Tramadol, which are classified as central acting synthetic opioids. MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The medical records indicate that the patient has diabetes, but it is unknown what type, how well controlled it is, and if neuropathic pain is present because of his diabetes. The patient reports numbness of 2nd-5th finger of right hand presumably from carpal tunnel syndrome. While MTUS does state that Tramadol may be used for neuropathic pain, it is "not recommended as a first-line therapy". As such, the request for Tramadol #90 is not medically necessary.