

Case Number:	CM13-0071858		
Date Assigned:	01/24/2014	Date of Injury:	04/04/2013
Decision Date:	05/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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:

The worker is a 33 year old male who was injured following traumatic lacerations of his left index finger on 4/4/13 using a Skil saw while working as a handyman. Following surgery on his finger which happened that same day, he attended physical therapy initially for his left hand and wrist and was prescribed tramadol (4/29/13) according to the progress notes, meloxicam to help reduce inflammatory pain as well, and a proton pump inhibitor (omeprazole) to prevent stomach irritation caused by the meloxicam by his treating physician. With oral medication alone, his pain reduced from an 8/10 to a 6/10 with the use of his oral medications, according to the records provided. Despite these efforts, the worker developed chronic pain of his left finger, with numbness and tingling of the left forearm. He also was recommended on 4/29/13 to see a hand specialist to consider surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEPRAZOLE 20MG #60 FOR DOS 11/20/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gastrointestinal (GI) Symptoms And Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gastrointestinal (GI) Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he does not, according to the records provided, warrant use of a PPI as the risks would outweigh the benefits in his situation. His dose of meloxicam at 7.5 mg daily would not be considered a high dose of NSAID, and so the omeprazole 20 mg #60 would not be medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAMADOL 50MG #200 FOR DOS 11/20/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain , Opioids Page(s): 80-81.

Decision rationale: The MTUS Guidelines state clearly that in order to warrant using any opioid type medications, including synthetic types such as tramadol, first line pain medications such as acetaminophen, aspirin, and/or NSAIDs should be considered first, and only if the patient has not responded to the first-line pain management and if the pain is considered moderate to moderately severe might opioids be attempted in addition to the first-line therapies, but not instead of them. In the case of this worker, his treating physician prescribed tramadol at the same time as meloxicam, which would not allow the physician to know whether or not the worker would have responded to only the meloxicam, since he took them both together to help control his pain. Also, no functional assessment notes were found in the provided documents to evaluate whether there was functional improvement with the pain medication. For these reasons, it appears that the retrospective request for 1 prescription of tramadol 50 mg, #200 for the date of service 11/20/13 is not medically necessary.