

<b>Case Number:</b>	CM14-0000661		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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 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 patient is an employee of [REDACTED] California and has submitted a claim for musculoligamentous sprain of the cervical and lumbar spine with radiculitis, overuse syndrome of bilateral upper extremities, right cubital tunnel syndrome, and bilateral carpal tunnel syndrome associated with an industrial injury date of 7/15/09. Treatment to date has included right elbow arthrotomy, ulnar nerve decompression, medial epicondylectomy on 11/6/07, status post right ulnar nerve epineurolysis and anterior transposition on 9/12/08, steroid injection, physical therapy, inversion traction table, extracorporeal shockwave procedure, and oral medications. Medical records from 2011 to 2013 were reviewed, showing that the patient complained of neck, low back, bilateral shoulder, bilateral wrist, right elbow, and right thumb pain graded 9/10 without medications and at 5/10 with medications. The patient also complained of numbness and tingling in both hands and the left leg. Pain was aggravated with prolonged sitting and standing. Objective findings showed diminished sensation at posterior left thigh. The patient also lacked 24 inches from touching his toes. MRI of both shoulders, dated 5/14/13, showed acromioclavicular joint arthropathy. EMG/NCV of the upper extremities, dated 2/19/13, showed abnormal NCS of right mild compression of the ulnar nerve. Current medications include Omeprazole, Tramadol, Celebrex, and Ketorolac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 OMEPRAZOLE 20MG:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, which include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records submitted document that the employee has stopped using ibuprofen (Motrin) as of 9/12/13. It was shifted to Celebrex because of his high AST/ALT findings. The medical records did not mention that the patient had history of stomach ulcer except for the latest progress report written on 12/5/13. However, there was no subjective report that the patient was experiencing heartburn, epigastric burning sensation, or any other gastrointestinal symptoms that will corroborate the necessity for this medication. The response to previous Omeprazole therapy was not assessed. Therefore, the request for Omeprazole is not medically necessary and appropriate.

**200 TRAMADOL 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 113.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, central acting analgesics are an emerging fourth class of opiate that may be used to treat chronic pain. Tramadol is reported to be effective in managing neuropathic pain. In this case, the earliest progress report stating the patient's usage of Tramadol was written on 11/27/12. Per the guidelines, opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. The medical records showed no evidence of improved function (in terms of specific activities of daily living) through the prior usage of Tramadol. Therefore, the request for Tramadol is not medically necessary and appropriate.