

<b>Case Number:</b>	CM14-0007056		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 a 47-year-old male who has submitted a claim for sprain of unspecified site of right wrist, carpal tunnel syndrome, and lateral epicondylitis associated with an industrial injury date of 11/28/2011. Medical records from 12/06/2012 to 11/11/2013 were reviewed and showed that patient complained of dull neck and right shoulder pain graded 3-8/10 with radiation to the right arm and elbow. There was associated weakness and tingling sensation in the arms and numbness in the hands. The pain was aggravated with reaching movements. Physical examination revealed tenderness to palpation over the radial aspect of the right wrist. There was limited right wrist ROM. Negative Froment's, Tinel's and Finkelstein's tests were noted. MMT was 5/5 for all extremities. Right hand grip strength was 4/5. MRI of the right wrist dated 12/06/2012 was unremarkable. EMG-NCV study of the right upper extremity dated 10/10/2013 was unremarkable. The treatment to date has included acupuncture, right wrist brace, Annaprox, Ultram, Diclofenac and Omeprazole. Utilization review, dated 12/30/2013, denied the request for prescription of Ultram ER 150 Mg # 60 because Tramadol was not recommended as a first-line oral analgesic. Utilization review dated 12/30/2013 denied the request for prescription of Omeprazole 20 mg #90 because prophylactic use of the medication is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF ULTRAM ER 150 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

**Decision rationale:** According to page 82 of California MTUS Guidelines, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; (3) treatment of neuropathic cancer pain. In this case, the patient has been taking Ultram 150mg #60 since 02/13/2013. Based on the medical records dated 11/11/2013, there was a significant decrease of pain associated with functional improvement upon Tramadol use. Therefore, the request for prescription of Ultram ER 150mg #60 is medically necessary.

### **1 PRESCRIPTION OF OMEPRAZOLE 20 MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Treatment Guidelines, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Patients who are at risk for gastrointestinal events are: (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). In this case, the patient has been taking Omeprazole 20mg #60 since 03/14/2013. However, there were no complaints of GI upset or distress noted. The patient does not fit in the criteria for those who are at intermediate or high risk for gastrointestinal events. Therefore, the request for prescription of Omeprazole 20mg #90 is not recommended.