

Case Number:	CM14-0118300		
Date Assigned:	08/06/2014	Date of Injury:	12/20/2010
Decision Date:	09/18/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51 year old female who reported an injury on 12/20/2010 with an unknown mechanism of injury. The injured worker was diagnosed with status post right carpal tunnel release surgery, and right cubital tunnel syndrome. The injured worker was treated with medications and surgery. The injured worker had a right carpal tunnel release per the progress report dated 07/10/2014; however, the date the surgery was performed was not indicated. The injured worker complained of chronic pain in the right wrist, hand, and elbow noted on the progress report dated 07/10/2014. The injured worker had epicondylar tenderness medially on the right, decreased sensation, discomfort on flexion and extension at the right elbow against gravity, and resisted wrist flexion on the right medial epicondylar region. The injured worker was prescribed gabapentin 600mg one three times per day. The injured worker was prescribed anaprox and tramadol, the dose and frequency of these medications was not indicated. The request was for Prilosec 20mg quantity 60. The physician's rationale for the request was not indicated. The request for authorization form was submitted for review on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg qty 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 Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg qty 60 is not medically necessary. The injured worker has a history of chronic pain in the right wrist, hand, and elbow. the injured worker is currently prescribed gabapentin 600mg taken three times per day that is noted to be tolerated well and is improving her neuropathic pain. The injured worker is also noted to be prescribed anaprox and tramadol, but the dose and frequency was not addressed. The California MTUS guidelines recommend patients who are at intermediate risk for gastrointestinal events and no cardiovascular disease take a proton pump inhibitor to include 20mg prilosec if taking an NSAID. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, there is a lack of documentation to support the need for prilosec 20mg as evidenced by the lack of documentation of gastrointestinal events or a prescribed NSAID. There is no evidence that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcer. Also, the request does not address the frequency of the medication. As such, the request for Prilosec 20mg qty 60 is not medically necessary.

Ultram 150mg qty 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84, 88.

Decision rationale: The request for Ultram 150mg qty 30.00 is not medically necessary. The injured worker has a history of chronic pain in the right wrist, hand, and elbow. the injured worker is currently prescribed gabapentin 600mg taken three times per day that is noted to be tolerated well and is improving her neuropathic pain. The injured worker is also noted to be prescribed anaprox and tramadol, but the dose and frequency was not addressed. The California MTUS guidelines recommends that tramadol produces symptom relief and improved function for a time period of up to three months and that long term users of opioids be reassessed with documentation of pain and functional improvement compared to baseline in a quantitative measurement, documentation of side effects, and aberrant drug taking. The medical records submitted did not address the injured worker's pain scale, side effects, or provide drug sensitivity screening to show drug adherence. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request submitted did not include the frequency of the medication to be taken. As such, the request for Ultram 150mg qty 30.00 is not medically necessary.