

Case Number:	CM14-0121655		
Date Assigned:	08/06/2014	Date of Injury:	07/19/2013
Decision Date:	09/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Illinois. 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 28 year old male who reported an injury on 07/19/2013. The mechanism of injury reportedly occurred when the injured worker jumped in front of a 1200lb tire and tried to stop it from rolling. The injured worker's diagnoses included hand sprain/strain, lumbosacral radiculopathy, wrist tend/burs and shoulder tend/burs, ulcers. Past treatment included Tylenol ES, Aleve, a hand brace, and hot and cold compresses. Surgical history included lower back surgery with hardware in February 2004. The injured worker complained on 05/14/2014 of daily intermittent aching in the right shoulder traveling to the arm and hand, at times becoming sharp and throbbing. The injured worker described a clicking and grinding sensation in the right shoulder with episodes of numbness and tingling in right arm and hand. The injured worker states his pain increased when reaching, pulling, and with any lifting. The injured worker had continuous aching of his right wrist, hand, and thumb which then has increasing pain with grasping, gripping, and handwriting. The injured worker in addition had difficulty sleeping due to pain and discomfort. The injured worker stated his pain caused him difficulty with activities of daily living. Physical exam findings showed patient was visibly very uncomfortable and had difficulties in abducting and adducting of his right thumb. The injured worker complained of difficulty sleeping, depression, and certain difficulties with social life. Medications included Norco 10mg, Flexeril, and Motrin 800, occasionally smokes medical Cannabis. The physician's treatment plan included recommendations for a prescription of Prilosec 20mg, quantity 60 with 5 refills and 1 prescription of Tramadol ER 100mg, quantity 30 with 5 refills. The rationale for the request was not indicated. The request for authorization was submitted on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Prilosec 20mg, quantity 60 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI):University of Michigan Health System; 2007 Jan. 10 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. 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). The injured worker has a history of gastroesophageal reflux disease. There is no evidence of a history of gastrointestinal bleed, perforation, or peptic ulcer. There is no evidence that the injured worker reported gastrointestinal symptoms. There is a lack of documentation indicating the injured worker has significant improvement in symptoms with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.

Prospective request for 1 prescription of Tramadol ER 100mg, quantity 30 with 5 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids; Opioids, long term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation indicating the injured

worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is not medically necessary.