MAXIMUS Federal Services

Case Number:	CM14-0156129		
Date Assigned:	09/25/2014	Date of Injury:	06/06/2012
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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:

There were 59 pages provided for this review. There was a modification recommendation from Corvel from August 29, 2014. The application for independent medical review was for the medication omeprazole, date of service August 14, 2014, Ultram, date of service August 14, 2014, and naproxen date of service August 14, 2014. Per the records provided, the claimant complains of left elbow pain with radiation to the left arm, and limited motion associated with tingling numbness and weakness in the left elbow. The pain is rated at 4 out of 10 at its best with medicines and 7 to 8 at its worst. A urine drug screen from November 2, 2013 notes the tramadol is not detected. There is no documentation of a risk assessment profile, attempted weaning or tapering or an updated and signed pain contract. This is a worker injured who was injured on June 6, 2012. He had a lateral epicondylitis release surgery on May 9, 2013. He reported benefit from the physical therapy. There was less pain and occasional radiation to the left arm with limited range of motion. There was improved tingling, numbness and weakness. The patient also reported some functional limitations. Examination revealed full range of motion of the cervical spine and all planes. There was tenderness to palpation. Motor strength showed some weakness with the left elbow flexion and extension. The treatment plan recommended continued medicine management with omeprazole, Ultram, naproxen and Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non-Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request of Omeprazole 20mg #60 is not medically necessary and appropriate.

Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12,13 83 and 113 of 127..

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. Therefore, the request for Ultram 50mg #60 is not medically necessary and appropriate.