

Case Number:	CM14-0158695		
Date Assigned:	10/02/2014	Date of Injury:	12/11/2012
Decision Date:	11/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 57 year old right side dominant woman nurse with a current date of injury on Dec 11, 2012. She worked for nursing agencies and estimates that she lifted up to 70-pounds 8 to 10 times daily. Her medical history is significant for bilateral shoulder strain and pain in her trapezius and upper back in 2011 for which she received treatment. On Dec 11, 2012, she complained of pain in her hands with numbness and weakness in her hands for 2 days and was initially diagnosed with right hand tenosynovitis and given a thumb splint and referred to physical therapy. She was still experiencing pain and nocturnal numbness/tingling after 2 weeks and was diagnosed with nerve compression and taken off work. She stated that her shoulder pain had returned, in addition to her diagnoses of carpal tunnel syndrome and tenosynovitis. She was ultimately awarded with 5% upper extremity impairment at that time. The most recent office visit note is Sept 17, 2014 at which time she received an orthopedic consultation and where she complained of constant bilateral shoulder pain, pain between the shoulder blades and under her arm. Essentially any movement or activity made the pain worse, it would wake her at night, and it would only improve with ice, heat or medications. An exam showed grossly impaired bilateral shoulders, right greater than left, with significant restriction in range of motion and multiple positive maneuver tests. A magnetic resonance imaging (MRI) of Aug 7, 2014 showed a full-thickness tear of the right supraspinatus tendon and a degenerative type tear of the superior glenoid labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-75; 113.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. Tramadol is not recommended as a first-line oral analgesic. There is no documentation that this worker has been tried on a first line medication. Therefore, this request is not medically necessary.

Omeprazole (Prilosec) 20mg #60 with 2 refills: Upheld

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

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

Decision rationale: According to the documentation, this worker has no history of gastrointestinal problems or no evidence of medication-induced gastro-esophageal reflux disease. Per the Medical Treatment Utilization Schedule (MTUS), injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drugs (NSAID) with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol or (2) a Cox-2 selective agent. Therefore, Omeprazole is not medically necessary.