

Case Number:	CM14-0170257		
Date Assigned:	10/20/2014	Date of Injury:	03/01/2013
Decision Date:	11/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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:

Patient is a 47 year-old female with date of injury 03/01/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as pain in the bilateral wrists and hands. Objective findings: Examination of the bilateral wrists and hands revealed tenderness over the dorsal and volar aspect of the wrist. Positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign was also positive over the carpal canal. Range of motion was full but painful. No clinical evidence of instability. There was diminished sensation in the radial digits. Diagnosis: 1. Carpal tunnel syndrome, bilateral. Medications: 1. Omeprazole Delayed Release Capsules 20mg, #120 SIG: PO Q 12H2. Cyclobenzaprine 7.5mg, #120 SIG: PO Q 8H3. Tramadol ER 150mg, #90 SIG: one tablet once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed-Release capsules 20mg #120 one 1po: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole Delayed-Release capsules 20mg #120 one 1po is not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been prescribed 120 cyclobenzaprine tablets which is far more than the recommended number necessary to complete the 2-3 weeks of treatment recommended by the MTUS. Cyclobenzaprine is not medically necessary. Cyclobenzaprine 7.5mg #120 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol can be added to the medication regimen, but as the immediate-release oral formulation, not as the extended-release formulation. There is no documentation supporting any functional improvement with the continued long-term use of opioids. Tramadol ER 150mg #90 is not medically necessary.