

Case Number:	CM14-0186141		
Date Assigned:	11/14/2014	Date of Injury:	10/01/2013
Decision Date:	12/22/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41 year old female with an injury date of 10/01/13. Based on 10/06/14 progress report provided by [REDACTED] the patient complains of significant numbness and tingling in her right hand. The pain radiates from her hand up to her right shoulder and has worsened in the last few weeks. Physical examination reveals tenderness to palpation and spasm in the paraspinal muscles. There is reduced sensation in the right median nerve distribution and tenderness to pressure over the joint at the wrist. As per progress report dated 09/09/14, the patient experiences constant numbing and tingling sensation in right thumb, index, and middle fingers along with pain in the right wrist. In the progress report dated 04/08/14, the patient states that she is experiencing pain in her left hand and arm due to overuse. The pain is radiating to her neck and preventing her from having a good night's sleep. She has also felt dizzy from the pain in her hands. In progress report dated 02/26/14, the patient states that her pain is 0. However, she has numbness and tingling along thumb, index and middle finger. Physical examination reveals tenderness to palpation dorsally over the entire right wrist at the level of the radiocarpal joint. Cortisone injection to the right wrist did not lead to any improvement, as per progress report dated 10/06/14. She received physical therapy for her fractured wrist, as per progress report dated 09/09/14. She is taking Naproxen as per the same report. The patient has had 8 sessions of acupuncture which worsened the pain, as per progress report dated 07/17/14. She underwent surgery for her right fingers (no date mentioned) as per progress report dated 04/08/14. The patient also received Ketorolac injection for pain on 10/01/13, as per the progress report with the same date. The patient is on modified work status with no use of the right wrist, as per progress report dated 10/06/14. MRI of the Right Hand (no date mentioned), as per progress report dated 04/08/14 - Right hand ligament tear and fracture. Arthrogram of the Wrist, dated 12/17/13, as per

progress report dated 07/17/14 indicates was:- Extensive bone trabecular injury/bone bruise of the distal radius- Grade 2 sprain of the scapholunate Diagnosis 10/06/14 were:- Cervical sprain.- Carpal Tunnel Syndrome (Right)The treater is requesting for (a) Omeprazole DR 20mg daily # 30 with 2 refills (prescribed on 10/06/14) (b) Tramadol 50mg twice daily #60 with two refills (prescribed on 10/06/14) . The utilization review determination being challenged is dated 10/16/14. The rationale follows:(a) Omeprazole DR 20mg daily # 30 with 2 refills (prescribed on 10/06/14) - Medical records do not indicate that the patient is at an intermediate risk for gastrointestinal side effects due to the use of NSAIDs.(b) Tramadol 50mg twice daily #60 with two refills (prescribed on 10/06/14) - Medical records do not establish that the use of opiates has resulted in diminished pain levels, a return to work or functional improvement.Treatment reports were provided from 10/01/13 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20 mg daily # 30 with 2 refills (prescribed on 10/6/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Page(s): 69.

Decision rationale: Based on 10/06/14 progress report provided by [REDACTED], the patient complains of significant numbness and tingling in her right hand. The pain radiates from her hand up to her right shoulder and has worsened in the last few weeks, as per progress report dated 10/06/14. The request is for Omeprazole DR 20mg daily # 30 with 2 refills (prescribed on 10/06/14). MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Patient has been prescribed Naproxen Sodium, as per progress report dated 10/06/14. However there is no indication of dyspepsia secondary to NSAID therapy in review of reports. Furthermore, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. There is lack of information pertinent to the request to make a decision based on MTUS guidelines. Therefore, Omeprazole DR 20 mg daily # 30 with 2 refills (prescribed on 10/6/2014) is not medically necessary and appropriate

Tramadol 50 mg twice daily # 60 with two refills (prescribed on 10/6/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

Decision rationale: Based on 10/06/14 progress report provided by [REDACTED] the patient complains of significant numbness and tingling in her right hand. The pain radiates from her hand up to her

right shoulder and has worsened in the last few weeks, as per progress report dated 10/06/14. The request is for Tramadol 50mg twice daily #60 with two refills (prescribed on 10/06/14). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The first request for Tramadol was seen in progress report dated 09/08/14. Prior reports available for review do not indicate request or use of the medication. However, the four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. The request does not address how Tramadol will specifically help reduce pain and promote activities of daily living in the patient. The recommendation is for denial.