

Case Number:	CM14-0034400		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2013
Decision Date:	08/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency 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:

The injured worker is a 44 year-old female, who sustained an injury on March 28, 2013. The mechanism of injury occurred while lifting boxes. Diagnostics have included cervical spine MRI dated August 9, 2013 was reported as showing C2-3 and C4-5 disc protrusions; EMG dated August 9, 2013 was reported as showing right-sided carpal tunnel syndrome and ulnar neuropathy and thoracic spine MRI dated October 1, 2012 which was reported as showing multilevel thoracic spondylosis and disc herniations. Treatments have included medications, physical therapy, acupuncture and activity modification. The current diagnoses are carpal tunnel syndrome, ulnar neuropathy, thoracic myofascial pain and right shoulder impingement. The stated purpose of the request for Tramadol 50 mg #60 was not noted. The request for Tramadol 50 mg #60 was denied on March 7, 2014, citing a lack of documentation of VAS pain quantification, duration of treatment, nor evidence of narcotic pain contract or urine drug screening. The stated purpose of the request for Prilosec 20 mg #60 was not noted. The request for Prilosec 20 mg #60 was denied on March 7, 2014, citing a lack of documentation of GI complaints secondary to neither medication nor GI risk factors. Per the report dated January 31, 2014, the treating physician noted complaints of increasing thoracic pain and right knee pain, with physical therapy being marginally beneficial. Exam findings included mid thoracic tenderness, with a normal neurologic exam of the lower extremities. Per a QME report dated August 5, 2013, the injured worker complained of pain to the cervicothoracic region of the upper back and right shoulder pain. Exam findings included cervical tenderness and reduced right shoulder range of motion with positive Hawkins and Neer testing. The recommendation was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Tramadol 50 mg #60 is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as opiate surveillance measures. The injured worker has thoracic and right knee pain. The treating physician has documented thoracic tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tramadol 50 mg #60, is not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use; NSADIs GI and cardiovascular risk factors.

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

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has thoracic and right knee pain. The treating physician has documented thoracic tenderness. The treating physician has not documented medication-induced GI complaints or GI risk factors. The criteria noted above not having been met, Prilosec 20 mg #60 is not medically necessary.