

<b>Case Number:</b>	CM14-0038192		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

The applicant has filed a claim for carpal tunnel syndrome and chronic pain syndrome reportedly associated with an industrial injury of November 10, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; left carpal tunnel release surgery; unspecified amounts of physical therapy over the course of the claim; and opioid therapy. In a utilization review report dated March 11, 2014, the claims administrator denied a request for tramadol, Gaviscon, and omeprazole. The claims administrator stated that tramadol was not efficacious here. The claims administrator stated that the applicant did not have issues with reflux, which would justify ongoing usage of either Gaviscon or omeprazole. The applicant's attorney subsequently appealed. A February 20, 2014 gastroenterology report was notable for comments that the applicant reportedly ongoing issues with severe gastroesophageal reflux disease (GERD) and endoscopic findings suggestive of gastritis. The applicant was given 12 percent whole person impairment rating for reflux. It was suggested that the applicant employ proton-pump inhibitor such as omeprazole and Gaviscon, going forward. An esophagogastroduodenoscopy (EGD) report of February 4, 2014 was notable for comments that the applicant had mild generalized gastritis possibly non-steroidal anti-inflammatory drug (NSAID)-induced. On January 16, 2014, the applicant was placed off of work, on total temporary disability. On this occasion, it was stated that the applicant should change Naprosyn to tramadol. Thus, it appeared that tramadol was a first-time request. The applicant was having ongoing issues with chronic wrist pain and associated upper extremity paresthesias, it was stated. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 119.

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

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines acknowledges the tramadol is not recommended as a first line oral analgesic. In this case, however, the applicant has apparently developed dyspepsia and gastritis with earlier usage of non-steroidal anti-inflammatory drugs (NSAIDs) including Naprosyn. The request for tramadol represents either a new prescription or a recent introduction and is indicated, given the applicant's apparent inability to tolerate oral NSAIDs, including Naprosyn. Therefore, the request is medically necessary.

**12-oz Gaviscon, one tablespoon three times a day: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation gaviscon.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Gaviscon Medication Guide.

**Decision rationale:** The MTUS does not address the topic. As noted by the National Library of Medicine (NLM), Gaviscon is indicated in the treatment of acid indigestion, heartburn and/or upset stomach associated with either of the former. In this case, the applicant is apparently having low grade symptoms of reflux and/or dyspepsia owing to endoscopically confirmed gastritis. Usage of Gaviscon to treat the same is indicated, per the National Library of Medicine. Therefore, the request is medically necessary.

**Omeprazole 3mg, one by mouth daily #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAIDs) induced dyspepsia. In this case, the applicant has in fact developed NSAID-induced dyspepsia, apparently a function of longstanding Naprosyn usage and

has endoscopically confirmed gastritis. Usage of omeprazole is therefore indicated, about the same. Therefore, the request is medically necessary.