

Case Number:	CM13-0022556		
Date Assigned:	01/15/2014	Date of Injury:	04/16/2013
Decision Date:	12/04/2015	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female with an industrial injury date of 04-16-2013. Medical record review indicates she is being treated for bilateral carpal tunnel syndrome and right ulnar neuropathy. Subjective complaints (08-20-2013) included right wrist and hand pain rated as 6 out of 10, left wrist and hand pain rated as 5-6 out of 10 and right elbow pain rated as 5-6 out of 10. Limitations of activities of daily living are documented as difficulty combing her hair, grooming and dressing. She also noted difficulties with prolonged standing, walking, sitting, stooping, pushing and pulling. Other limitations included difficulties with gripping, lifting, and grasping. Work status (08-20-2013) is documented as total temporary disability. Her medications included Tramadol (since at least 04-29-2013.) The injured worker was given prescriptions for naproxen, Omeprazole and Tramadol at the (08-20-2013) visit. Prior treatment included medications. Physical exam noted painful range of motion of bilateral wrist and right elbow. Durkan's, Tinel's and Phalen's testing were positive in bilateral wrists. On 08-30-2013 the request for Tramadol 50 mg 1 tab twice daily as needed (BID, PRN) with one refill was modified by utilization review to Tramadol 50 mg 1 tab twice daily as needed (BID, PRN) with no refills. Omeprazole 20 mg 1 tablet daily # 30 with 1 refill was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg (1 tablet twice daily) #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with bilateral wrist/hand and right elbow pain. The current request is for Tramadol 50mg (1 tablet twice daily) #60 with 1 refill. The treating physician's report dated 08/20/2013 (35B) states, "The patient complains of right wrist and hand pain at 6/10, left wrist and hand pain at 5-6/10, and right elbow pain at 5-6/10 on the subjective pain scale. She states there is numbness, tingling and weakness." We are giving this patient prescriptions for the following medication: For baseline pain management and inflammation naproxen 550mg one b.i.d., #60, to protect the gastric mucosa omeprazole 20mg one daily, #30 and for breakthrough pain tramadol 50mg one b.i.d. as needed, #60." Medical records show that the patient was prescribed Tramadol since 04/29/2013. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided as required by MTUS Guidelines. The physician did not provide a urine drug screen to see if the patient is compliant with her prescribed medications. There was note of a urine drug screen being ordered on 8/20/2013 but no results. In this case, the 4As were not provided as required by the MTUS Guidelines for continued opiate use. The current request is not medically necessary.

Omeprazole 20mg (1 capsule daily) # 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with bilateral wrist/hand and right elbow pain. The current request is for Omeprazole 20mg (1 capsule daily) #60 with 1 refill. The treating physician's report dated 08/20/2013 (35B) states, "We are giving this patient prescriptions for the following medication: For baseline pain management and inflammation naproxen 550mg one b.i.d., #60, to protect the gastric mucosa omeprazole 20mg one daily, #30 and for breakthrough pain tramadol 50mg one b.i.d. as needed, #60." Medical records do not show a history of

Omeprazole use. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, while the physician is prescribing this medication in conjunction with NSAID therapy, there is no documentation of gastrointestinal issues or events. Furthermore, the prophylactic use of Omeprazole is not supported by the guidelines. The current request is not medically necessary.