

Case Number:	CM14-0188959		
Date Assigned:	12/16/2014	Date of Injury:	04/22/2002
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This individual is a 58 y/o male who has developed a chronic pain syndrome secondary to a cumulative injury date of 4/22/02. He is diagnosed with rotator cuff tears, bilateral carpal tunnel syndrome and bilateral chronic lateral epicondylitis. Treatment has consisted of surgery without benefits. Currently he is treated with analgesics with limited success and the current treating physician office dispenses most medications. He has a history of significant hypertension for several years with recent systolic measurements ranging from 160's-180 and diastolic near 100 mm Hg. There is a remote history of possible congestive heart failure with very limited physical abilities i.e. could not climb a flight of stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: MTUS Guidelines allow for trials of various opioid analgesics to determine if one will be beneficial. There are no Guidelines that support a denial of the initiation of

Tramadol for this individual chronic pain. This can be re-evaluated for pain relief and functional impacts at a later dated. The Tramadol ER 150mg #30 is medically necessary.

1 prescription of Protonix 20mg #60: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the routine use of proton pump inhibitors unless there are specific risk factors or symptoms associated with NSAID use. These risk factors and symptoms are not present. In addition, NSAID's appear to be contraindicated and have been denied. These are no benign medications with long term use associated with increased fractures, lung infections and biological metal dysregulation. The Protonix 20mg. #60 is not medically necessary.

1 prescription of Nalfon 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's and Hypertension Page(s): 69.

Decision rationale: MTUS Guidelines discourage the use of NSAID's in the hypertensive patient. This patient's hypertension is poorly controlled and there is a possibility of mild congestive heart failure. The use of Nalfon would be medically contraindicated in these circumstances. The Nalfon 400mg. #60 is not medically necessary.