

Case Number:	CM15-0003474		
Date Assigned:	01/14/2015	Date of Injury:	12/09/2011
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 56 year old male with an industrial injury dated 12/09/2011. His diagnoses include hypertension, bilateral shoulder strain, bursitis, impingement, left acromioclavicular osteoarthritis, degenerative labrum (per MRI on 06/20/2012), cervical spine trapezius strain and sprain, myofascial pain syndrome, left upper extremity radiculopathy, disc degenerative disease, 1-2 mm disc bulge osteophyte at C5-C7 with neuroforaminal stenosis (per MRI dated 03/2012), bilateral wrist dynamic carpal tunnel syndrome (per nerve conduction study dated 01/2012), bilateral de Quervain's tendinitis, and bilateral elbow medial epicondylitis and dynamic cubital tunnel syndrome. He has been treated with Norco, tramadol, laxatives, Lotrel, omeprazole, hypertensa, and theramine for several months. In a progress note dated 11/12/2014, the treating physician reports increased shoulder pain and stress despite treatment. The objective examination was unremarkable. The treating physician is requesting prescriptions for tramadol, alprazolam, and omeprazole which were denied by the utilization review. On 12/05/2014, Utilization Review non-certified a prescription for tramadol extended release capsules 24 hour extended release (25-75) 1 capsule by mouth twice daily, noting the absence of a visual analog scale pain rating with and without the medication, lack of objective functional improvement, a plan for the length the medication is needed and psychology evaluations. The MTUS was cited. On 12/05/2014, Utilization Review non-certified a prescription for alprazolam tablets #60, noting the insufficient documentation to justify this medication. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 15mg Cap 24h, Extended Release (25-75) 1 capsule by mouth, twice a day:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Weaning of Medications Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84-94.

Decision rationale: Per the guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects in this injured worker to justify use. The medical necessity of tramadol is not substantiated.

Alprazolam tablets, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, there is no documentation of a discussion of side effects or efficacy or rationale for use. The records do not document medical necessity for alprazolam.

Omeprazole 20mg, 1 cap PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2011. Per the guidelines, Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those

with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.