

<b>Case Number:</b>	CM15-0108280		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59-year-old female, who sustained an industrial injury on 4/24/03. The injured worker was diagnosed as having right lateral epicondylectomy, status right cubital tunnel release, status post right medial epicondylectomy, right shoulder impingement, right shoulder tendinitis, bilateral wrist tendonitis, insomnia, gastritis and bilateral carpal tunnel syndrome.

Treatment to date has included oral medications including Motrin, Aciphex and Ultram, physical therapy, home exercise program, acupuncture and activity restrictions. (MRI) magnetic resonance imaging of cervical spine performed on 3/21/15 revealed straightening of cervical spine, early disc desiccation throughout the cervical spine, mucosal thickening in left maxillary sinus, mild cerebellar tonsillar herniation, C6-7 diffuse disc protrusion and peri-neural cysts noted within the neural foraminal on both sides at lower cervical and upper thoracic spine levels. (EMG) Electromyogram/ (NCS) Nerve Condition Velocity studies performed on 2/11/15 revealed bilateral carpal tunnel syndrome. Currently, the injured worker complains of pain in neck, shoulder and arm unchanged since previous visit. She was declared permanent and stationary. Physical exam noted tenderness of right rotator cuff, tenderness of lateral left epicondyle and tenderness over distal radioulnar junction with restricted range of motion in all of the above. The treatment plan included a request for authorization for refills on Motrin, Aciphex and Ultram, a request for right low profile soft wrist brace, paraffin wax units for home and a cervical pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Proton pump inhibitors (PPIs).

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

**Decision rationale:** According to MTUS guidelines, Aciphex as well as other proton pump inhibitors are when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Furthermore, there is no documentation that the patient is currently taking NSAIDs. Therefore, the request for Aciphex 20mg #30 is not medically necessary.

**Ultram 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

**Decision rationale:** According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There no clear documentation of the need for ongoing use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medication. There is no clear

justification for the need to continue the use of Tramadol. Therefore, the prospective request for Ultram 50mg #120 is not medically necessary at this time.