

Case Number:	CM15-0134361		
Date Assigned:	07/29/2015	Date of Injury:	01/28/2014
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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 43-year-old female, who sustained an industrial injury on January 28, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left lateral epicondylitis, strain of the left wrist, left carpal tunnel syndrome, left biceps tendonitis, and strain of the muscle or tendon of the back wall of the thorax. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated June 17, 2015 the treating physician reports complaints of left elbow and wrist pain along with occasional left knee pain. Examination reveals tenderness to the left shoulder; reverse positive Phalen's testing on the left, and positive varus stress test to the left knee. The injured worker's medication regimen included Prilosec, Voltaren XR, and topical creams, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her current medication regimen and after use of her current medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medications of Ultram ER-Tramadol 150mg capsules with a quantity of 30 to decrease the injured worker's pain; Voltaren XR-Diclofenac sodium XR 100mg tablets with a quantity of 60 to relieve mild to moderate pain, tenderness, soreness, and stiffness; and Prilosec-Omeprazole DR 20mg capsules with a quantity of 60 to decrease the amount of acid production secondary to non-steroidal anti-inflammatory drug use. The treating physician also requested urine toxicology testing to evaluate the injured worker's compliance and to assess for any drug diversions or drug on drug interactions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole DR 20mg cap #60: Upheld

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

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 2014. The medical course has included the use of several medications including NSAIDs. Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, 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.

Ultram ER/Tramadol 150mg cap #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol (Ultram) 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 significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The medical necessity of tramadol is not substantiated.

Voltaren CR/Diclofenac sodium XR 100m tab #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 66-73.

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of voltaren CR/ diclofenac sodium XR is not substantiated in the records.

Urine toxicology testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2014. The worker has had various treatment modalities and use of medications. Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or symptoms of drug -drug interactions. The medical necessity of a urine drug screen is not substantiated in the records.