

Case Number:	CM15-0139495		
Date Assigned:	07/29/2015	Date of Injury:	06/05/2013
Decision Date:	09/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial injury on 06/05/2013. On 04/21/2015, the injured worker underwent left wrist De Quervain's release, tenosynovectomy and tenolysis. According to a progress report dated 06/09/2015, the injured worker reported continued post-operative pain and weakness that increased with gripping, grasping, pushing and pulling activities. Pain decreased with rest, medication and home exercise program. Review of systems was positive for fatigue, chest pain, heartburn, constipation, diarrhea, joint pain, muscle spasm, sore muscles, numbness, depression, stress, anxiety, mood swings, difficulty sleeping and concentration difficulties. Diagnoses included bilateral wrist/forearm sprain, tendinitis, De Quervain's Tenosynovitis and right carpal tunnel syndrome (dynamic) with negative EMG-Nerve Conduction Velocity studies of the right forearm-wrist dated 02/03/2014; negative diagnostic ultrasound study dated 05/22/2014; within normal limits finding on EMG-Nerve Conduction Velocity study of the left upper extremity dated 06/26/2014; status post left wrist De Quervain's release performed on April 21, 2015. A history of heart attack was also noted. The injured worker was temporarily totally disabled. Current medication regimen included Ultram, Prilosec, Neurontin and Lexapro. Pain was rated 4 on a scale of 1-10 with medications and 6 without medications. Duration of relief was 6 hours. The injured worker was able to perform activities of daily living. The treatment plan included Ultram, Prilosec and Neurontin and post-operative therapy one time per week for four weeks to the left wrist. Currently under review is the request for Ultram 50 mg #120, Prilosec 20 mg #30 and Neurontin 600 mg #90. Documentation submitted for review shows use of Ultram and Prilosec dating back to 01/05/2015, at which time

the injured worker was temporarily totally disabled. Notes indicate that a urine drug screen was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, and Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of objective functional improvement as a result of this medication, and better quantification of pain relief as a result of each individual medication. However, a one-month prescription should allow the requesting physician time to better document those things. In light of the above, the currently requested Ultram is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal Reflux Disease (GERD), Ann Arbor (MI) University of Michigan Health System; 2012, 12p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Neurontin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of objective functional improvement as a result of this medication, and better quantification of pain relief as a result of each individual medication. However, a one-month prescription should allow the requesting physician time to better document those things. In light of the above, the currently requested Ultram is medically necessary.