

Case Number:	CM15-0143296		
Date Assigned:	08/04/2015	Date of Injury:	02/24/2012
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

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 (IW) is a 57-year-old female who sustained an industrial injury on 02-24-2012. Diagnoses include chronic lumbosacral sprain; bilateral wrist sprain, strain with left volar, radial ganglion cyst; and chronic cervical spine sprain, strain. Treatment to date has included medications, bilateral first carpometacarpal (CMC) joint injection, epidural steroid injection (ESI), trigger point injections and chiropractic treatment. According to the PR2 dated 6-1-2015, the IW reported low back pain rated 7-8 out of 10. Radicular symptoms of pain and numbness were improved with the lumbar ESI on 5-11-15. She also reported bilateral wrist pain, greater on the left, with numbness, tingling, weakness and radiation to the forearm. Medications were helpful. On examination, the IW exhibited difficulty rising from a sitting position and movement was stiff. A request was made for Tramadol 50mg, #180 and Prilosec 20mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for radiating low back and bilateral wrist pain with numbness, tingling, weakness, and radiating symptoms. Medications has included Motrin and topical compounded cream containing tramadol. Motrin was discontinued due to a history of colitis. Oral tramadol has been prescribed since February 2015. When seen, pain was rated at 9/10. She was having difficulty sleeping and had severe pain interfering with activities. She had severe depression and anxiety. There was a normal BMI. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. The claimant has constant severe pain interfering with activities. Continued prescribing was not medically necessary.

Prilosec 20mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for radiating low back and bilateral wrist pain with numbness, tingling, weakness, and radiating symptoms. Medications has included Motrin and topical compounded cream containing tramadol. Motrin was discontinued due to a history of colitis. Oral tramadol has been prescribed since February 2015. When seen, pain was rated at 9/10. She was having difficulty sleeping and had severe pain interfering with activities. She had severe depression and anxiety. There was a normal BMI. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is stopped taking NSAID medication more than 4 months ago and with no GI symptoms at that time or since. The continued prescribing of Prilosec (omeprazole) was not medically necessary.