

Case Number:	CM15-0163505		
Date Assigned:	08/31/2015	Date of Injury:	11/17/2014
Decision Date:	09/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/20/2015

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 is a 45 year old male, who sustained an industrial injury on 11-17-2014. He reported bilateral wrist and hand pain from repetitive use. Diagnoses include bilateral carpal tunnel syndrome, status post left carpal tunnel release in March 2015 and right carpal tunnel release in May 2015. Treatments to date include activity modification, medication therapy, and physical therapy and occupational therapy. Currently, he complained of ongoing numbness and tingling, weakness and stiffness of bilateral upper extremities. Current medications listed included Tramadol, Naproxen, and Omeprazole. On 8-5-15, the physical examination documented radiographic results obtained on 6-24-15 revealing no acute findings. The plan of care included Omeprazole 20mg #60; Tramadol ER 150mg #60; and Naproxen 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen (Anaprox) 550mg #90, per 8/5/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects Page(s): 22, 70. Decision based on Non-MTUS Citation <http://www.drugs.com/dosage/naproxen.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in November 2014 and underwent a left carpal tunnel release in March 2015. As of 04/16/15 there had been 12 post-operative physical therapy treatments. A right carpal tunnel release was then done in May 2015 followed by post-operative physical therapy beginning 05/28/15. Tramadol was prescribed on 06/10/15. He was seen for an initial evaluation by the requesting provider on 06/24/15 with moderate to severe bilateral wrist pain. His past medical history and review of systems were negative. Physical examination findings included bilateral medial epicondyle tenderness with positive Tinel and elbow flexion tests. There was bilateral wrist tenderness with post Tinel, Phalen, and Durkin tests. Ultracet was discontinued. Tramadol ER, Anaprox-DS, and Prilosec were prescribed. The Anaprox-DS dose was 550 mg three times per day. The total MED (morphine equivalent dose) was increased from 25 mg to 30 mg per day. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is not consistent with guideline recommendations and cannot be accepted as being medically necessary.

Retrospective Omeprazole (Prilosec) 20mg #60, per 8/5/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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-related injury in November 2014 and underwent a left carpal tunnel release in March 2015. As of 04/16/15, there had been 12 post-operative physical therapy treatments. A right carpal tunnel release was then done in May 2015 followed by post-operative physical therapy beginning 05/28/15. Tramadol was prescribed on 06/10/15. He was seen for an initial evaluation by the requesting provider on 06/24/15 with moderate to severe bilateral wrist pain. His past medical history and review of systems were negative. Physical examination findings included bilateral medial epicondyle tenderness with positive Tinel and elbow flexion tests. There was bilateral wrist tenderness with post Tinel, Phalen, and Durkin tests. Ultracet was discontinued. Tramadol ER, Anaprox-DS, and Prilosec were prescribed. The Anaprox-DS dose was 550 mg three times per day. The total MED (morphine equivalent dose) was increased from 25 mg to 30 mg per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) was not medically necessary.

Retrospective Tramadol ER 150mg #60, per 8/5/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77, 93-94, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2014 and underwent a left carpal tunnel release in March 2015. As of 04/16/15, there had been 12 post-operative physical therapy treatments. A right carpal tunnel release was then done in May 2015 followed by post-operative physical therapy beginning 05/28/15. Tramadol was prescribed on 06/10/15. He was seen for an initial evaluation by the requesting provider on 06/24/15 with moderate to severe bilateral wrist pain. His past medical history and review of systems were negative. Physical examination findings included bilateral medial epicondyle tenderness with positive Tinel and elbow flexion tests. There was bilateral wrist tenderness with post Tinel, Phalen, and Durkin tests. Ultracet was discontinued. Tramadol ER, Anaprox-DS, and Prilosec were prescribed. The Anaprox-DS dose was 550 mg three times per day. The total MED (morphine equivalent dose) was increased from 25 mg to 30 mg per day. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.