

Case Number:	CM15-0165720		
Date Assigned:	09/03/2015	Date of Injury:	02/18/2004
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 63 year old female who sustained a work related injury February 18, 2004. Past history included status post release right carpal tunnel October, 2007. According to a primary treating physician's progress report, dated August 5, 2015, an MRI of the cervical spine dated April 2014, revealed degenerative disc disease at C6-7 more than C5-6 with left foraminal narrowing, mild to moderate on the left. Electrodiagnostic studies, February 2013 revealed C5-C6 radiculopathy. Electrodiagnostic studies of the upper extremities, April 21, 2015, revealed C6 bilateral cervical radiculopathy and possibility of C5 and or C7 involvement cannot be excluded; subacute and chronic. She complains of constant cervical pressure pain, rated 6-8 out of 10 that radiates to the upper back and left periauricular area and left jaw with numbness of the fingers left and right. The pain triggers headaches and dizziness. She reports the pain is worse since she started working two days a week on April 13, 2015. There is right wrist throbbing pain, rated 7 out of 10, with numbness of the thumb and occasionally dropping items. The left wrist pain is rated 6-7 out of 10, intermittent and dull and can radiate to the left elbow. She performs home exercise and is using a TENS (transcutaneous electrical nerve stimulation) unit. Objective findings included; cervical-range of motion flexion 45 degrees, extension 45 degrees and rotations 50 degrees bilaterally; left shoulder- two bruises to internal aspect of the left arm, full range of motion negative impingement; right wrist- positive Finkelsteins's, Phalen's and Tinel's; left wrist- positive Finkelsteins's, Phalen's and Tinel's; left elbow tenderness internal and external epicondyles and positive Tinel's; right elbow- tender epicondyles, positive Tinel's. Diagnoses are carpal tunnel syndrome left, status post right release; right wrist post-surgical pain; bilateral

wrist sprain, strain; epicondylitis lateral and medial left and right elbow; left trapezius strain; bilateral DeQuervain; cervical radiculitis left C5-6; cumulative trauma, repetitive motion. Treatment plan included tennis elbow strap and gel for brace left, continue to strap right elbow pending paraffin baths for hands and wrists and at issue, a request for authorization for Tramadol and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/05/15 with cervical spine pain rated 6-8/10, which radiates into the upper back, right wrist pain rated 7/10, left wrist pain rated 6-7/10, left elbow pain rated 7/10, and right elbow pain rated 5-7/10. The patient's date of injury is 02/18/04. Patient is status post right carpal tunnel release in October 2007. The request is for TRAMADOL 50MG #30. The RFA is dated 08/05/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the left paracervical spinal musculature and scapular area with spasms noted, two bruises on the internal aspect of the left arm, spasms and tenderness in the left trapezius, tenderness in the bilateral wrists with positive Finklestein's test, Phalen's test, and Tinel's sign noted bilaterally. The treater also notes tenderness to the bilateral elbow epicondyles and positive flexion and extension of the left wrist. The patient is currently prescribed Tramadol and Omeprazole. Patient is currently working with modified duties. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 08/05/15 does not specifically address the efficacy of this patient's medication regimen. There is evidence of increased

functionality, as the patient has returned to work with modified duties. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with her medications. However, the provider does not include any measures of analgesia via a validated scale, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kahrilas PJ, et al. American Gastroenterological Association Medical Position Statement on management of gastroesophageal reflux disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents on 08/05/15 with cervical spine pain rated 6-8/10, which radiates into the upper back, right wrist pain rated 7/10, left wrist pain rated 6-7/10, left elbow pain rated 7/10, and right elbow pain rated 5-7/10. The patient's date of injury is 02/18/04. Patient is status post right carpal tunnel release in October 2007. The request is for OMEPRAZOLE 20MG #60. The RFA is dated 08/05/15. Physical examination dated 08/05/15 reveals tenderness to palpation of the left paracervical spinal musculature and scapular area with spasms noted, two bruises on the internal aspect of the left arm, spasms and tenderness in the left trapezius, tenderness in the bilateral wrists with positive Finklestein's test, Phalen's test, and Tinel's sign noted bilaterally. The treater also notes tenderness to the bilateral elbow epicondyles and positive flexion and extension of the left wrist. The patient is currently prescribed Tramadol and Omeprazole. Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to the continuation of Omeprazole, the request is appropriate. Per progress note dated 08/05/15, this patient is prescribed Omeprazole to be taken with meals due to her significant history of gastrointestinal hemorrhage, chemical gastritis and history of hematemesis. This progress note indicates that Omeprazole has been effective in preventing a relapse of this patient's GI symptoms. Given this patient's significant GI history and documentation of efficacy, continuation of this medication is an appropriate measure. Therefore, the request is medically necessary.