

Case Number:	CM15-0205475		
Date Assigned:	10/22/2015	Date of Injury:	12/11/2001
Decision Date:	12/04/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on 12-11-2001. The injured worker was diagnosed as having lumbar spine strain, lumbar facet syndrome, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, status post carpal tunnel release, tenovaginitis-vaginosis over right thumb, status post right trigger thumb release, morbid obesity, status post right shoulder arthroscopy 10-2008, right Achilles tendinitis, left knee pain, status post flexor tenosynovectomy of the FDS and FDP tendon to the left index finger and trigger finger release x3 in the left index, middle, and ring fingers 1-2013, right hand trigger index, long and ring, and status post right trigger finger release at the index, long and ring fingers 3-2015. Secondary treating physician reports were noted related to gastroesophageal reflux disease secondary to non-steroidal anti-inflammatory drug use, constipation type irritable bowel syndrome, chronic gastritis, hiatal hernia, Barrett's esophagitis, and morbid obesity. Treatment to date has included diagnostics, surgical intervention, physical therapy, and medications. Currently (9-04-2015), the injured worker complains of right greater than left knee pain rated 7-8 out of 10 (4 out of 10 on 6-15-2015), low back pain with numbness and tingling to the lower extremities, rated 7 out of 10 (6 out of 10 on 6-15-2015), right greater than left hand pain, rated 5 out of 10 on the left and 7 out of 10 on the right (4-7 out of 10 on 6-15-2015), right shoulder pain rated 5 out of 10, and neck pain rated 5 out of 10 (4 out of 10 on 6-15-2015). She was not working. Objective findings included a height of 64 inches and a weight of 335 pounds. Exam of the right hand noted tenderness, mild triggering of the right middle finger, and decreased grip strength. Exam of the lumbar spine noted tenderness with spasm in the paralumbar musculature and reduced range of motion. Exam of the bilateral knees noted medial joint line tenderness and prepatellar tenderness with crepitus, positive grind maneuver and pivot shift, and no laxity.

Medications included Naprosyn, Prilosec, and Ultracet (duration of use unclear). Urine toxicology (9-05-2015) was not tested for Tramadol and negative for all tested analytes. The treatment plan included Ultram 50mg #60 with 3 refills (one tablet every 4-6 hours) and Prilosec 20mg #60 (one tablet twice daily). On 9-22-2015 Utilization Review non-certified the requested Ultram and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, it is unclear how long the injured worker has been prescribed Tramadol. There is a lack of objective evidence of significant pain relief or functional improvement with previous use of this medication. Additionally, this request for 3 refills does not imply close follow-up for efficacy or aberrant behaviors. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50mg #60 with 3 refills is determined to not be medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

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

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

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is some documentation that the injured worker has had gastrointestinal issues while taking NSAIDs and the use of a PPI is warranted in this case. However, the request for 3 refills is not supported as it does not allow for close follow-up for continued efficacy. The request for Prilosec 20mg #60 with 3 refills is determined to not be medically necessary.