

Case Number:	CM15-0207084		
Date Assigned:	10/23/2015	Date of Injury:	03/09/2012
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 61 year old female who sustained an industrial injury March 9, 2012, resulting in multiple second degree burns, dorsum of the right wrist and hand. Past history included status post A-1 tunnel trigger finger release, right ring digit 09-19-2013 and arthroscopy of the right wrist debridement and excision of the triangular fibrocartilage tear, acute, partial synovectomy, removal of loose bodies, and chondroplasty of the radius July 14, 2015. According to a primary treating physician's progress report dated September 2, 2015, the injured worker presented for follow-up of her right wrist. She continues to have pain with swelling and stiffness of the right hand. Objective findings included; mild swelling to the right wrist along with limited range of motion. The physician documented: x-rays of the right hand (three views) and right wrist (three views) show no increase of osteoarthritis. Diagnoses are recurrent dislocation of joint, site unspecified; pain in joint, forearm. Treatment plan included additional physical therapy and the following medications were dispensed; Hydrocodone-APAP, Cyclobenzaprine, Diclofenac, Tramadol (since at least July 2015), and Pantoprazole, and a urine drug screen administered. At issue, is the retrospective request for Pantoprazole and Tramadol. According to utilization review dated October 1, 2015, the retrospective requests, date of service September 2, 2015, for Tramadol HCL ER 150mg #30 and Pantoprazole Sodium ER 20mg #60 are non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tramadol HCL ER 150mg #30 DOS 09/02/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as tramadol, therefore is not medically necessary.

Retro Pantoprazole Sodium ER 20mg #60 DOS 09/02/2015: 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: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for pantoprazole in the insured congruent with MTUS, therefore is not medically necessary.