

Case Number:	CM15-0027572		
Date Assigned:	02/19/2015	Date of Injury:	02/26/2004
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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 58 year old male who sustained an industrial injury on 02/26/2004. Current diagnoses include localized osteoarthritis-hand and carpal tunnel syndrome. Previous treatments included medication management and occupational therapy. Report dated 10/22/2014 noted that the injured worker presented with complaints that included pain in base of both thumbs and decreased thumb flexion, numbness in all digits of right hand and ulnar three digits of the left hand. Physical examination was positive for abnormal findings. Utilization review performed on 01/16/2015 non-certified a prescription for Protonix and Ultram, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain at the base of both thumbs and decreased thumb flexion. The request is for PROTONIX. Physical examination on 10/22/14 to the right thumb revealed tenderness to palpation to the proximal palm. There was tenderness to palpation at the TMC joints bilaterally. Tinel's and Grind tests were positive on the right. Patient's diagnosis per 10/22/14 progress report include primary localized oteoarthritis, hand, carpal tunnel syndrome, history of right carpal tunnel surgery x 2 with residual symptom, left carpal tunnel syndrome, and basilar thumb arthritis bilaterally. Per 10/22/14 progress report, patient's medications include Protonix, Voltaren and Ultram ER. Patient is on permanent disability, SSDI. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater does not provide a reason for the request. In this case, only 2 progress reports were provided and neither of them discussed any GI symptoms. PPI's are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Additionally, in review of the medical records provided, there are no records indicating that the patient is utilizing NSAIDs. Therefore, this request IS NOT medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: The patient presents with pain at the base of both thumbs and decreased thumb flexion. The request is for ULTRAM. Physical examination on 10/22/14 to the right thumb revealed tenderness to palpation to the proximal palm. There was tenderness to palpation at the TMC joints bilaterally. Tinel's and Grind tests were positive on the right. Patient's diagnosis per 10/22/14 progress report include primary localized oteoarthritis, hand, carpal tunnel syndrome, history of right carpal tunnel surgery x 2 with residual symptom, left carpal tunnel syndrome, and basilar thumb arthritis bilaterally. Per 10/22/14 progress report, patient's medications include Protonix, Voltaren and Ultram ER. Patient is on permanent disability, SSDI. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for 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. MTUS Guidelines 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 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. Treater does not provide a reason for the request. The request is for Ultram # 30. UR letter dated 01/16/15 has modified the request to # 20. In this case, treater has not discussed how Ultram reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, no UDS reports, etc. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.