

Case Number:	CM15-0219163		
Date Assigned:	11/12/2015	Date of Injury:	09/01/2008
Decision Date:	12/28/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 61 year old female who sustained an industrial injury on 09-01-2008. According to a progress report dated 10-12-2015, the injured worker continued to have wrist pain with numbness and tingling. She was unable to do her modified duties. At times, her work restrictions were not able to be met because of the work load. She was currently not working. She was going to the gym regularly. She also did light chores around the house as tolerated. If she did any prolonged activity, it was quite painful and required her to continue using her brace, ice and medications. Objective findings included tenderness along both wrists, carpometacarpal joint, STT joint as well as carpal tunnel bilaterally with mild positive Tinel's at the wrist. Diagnoses included carpal tunnel syndrome bilaterally status post decompression, recovery along the wrist extensor compartment on the right from injection, ganglion along the right wrist that did not seem to be causing much wrist joint inflammation at this point and chronic pain syndrome. She received Tramadol ER 150 mg #30 for pain, Naproxen 550 mg #60 for inflammation. The treatment plan also included authorization for Protonix 20 mg #30 for upset stomach and Neurontin 600 mg #90 for neuropathic pain. Documentation shows intermittent use of Tramadol ER dating back to 2014. Urine toxicology reports were not submitted for review. On 10-22-2015, Utilization Review non-certified the request for Tramadol ER 150 mg #30 and Protonix 20 mg #60 and authorized the request for Naproxen and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #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): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain and previous requests for Tramadol have been denied. Therefore, the request for Tramadol ER 150 mg #30 is not medically necessary.

Protonix 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, there is no active complaint of any upper GI symptoms and even if there were GI risk factors, Protonix is not a first line PPI. The request for Protonix 20 mg #60 is not medically necessary.