

<b>Case Number:</b>	CM15-0047698		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on 07/16/2009. The mechanism of injury was not included in the submitted documentation. The injured worker was diagnosed as having anxiety and depression. Treatment to date has included medication and diagnostic testing. A supplemental report from the treating provider, dated 11/05/2014, documented that the injured worker suffers from industrially related symptoms of anxiety and depression. There were no subjective complaints listed from the injured worker. Detailed objective findings were not included in the submitted documentation. Request is being made for Omeprazole 20 mg; Tramadol HCL 50 mg; and Naproxen 550 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #1 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnosis is carpal tunnel syndrome. The medical record contains 55 pages. There is a primary treating supplemental report dated November 5 2014. The supplemental report is a medical record review. There were no clinical notes, subjective complaints, objective findings, assessment or plan. There are two urine drug screens in the medical record. The UDS dated August 14, 2014 was negative for all medications. Additionally, the medications were not listed. A second urine drug screen dated February 2, 2015 was positive for lorazepam. There were no medications listed in the medical record. Consequently, absent clinical documentation with subjective complaints and objective findings, and an assessment and plan and a list of current medications, Omeprazole 20 mg #1 is not medically necessary.

**Tramadol HCL 50mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL 50mg #1 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is carpal tunnel syndrome. The medical record contains 55 pages. There is a primary treating supplemental report dated November 5 2014. The supplemental report is a medical record review. There were no clinical notes, subjective complaints, objective findings, assessment or plan. There are two urine drug screens in the medical record. The UDS dated August 14, 2014 was negative for all medications. Additionally, the medications were not listed. A second urine drug screen dated February 2, 2015 was positive for lorazepam. There were no medications listed in the medical record.

Consequently, absent clinical documentation with subjective complaints and objective findings, and assessment and plan and a list of current medications, Tramadol Hcl 50mg #1 is not medically necessary.

**Naproxen SOD 550mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550mg #1 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is carpal tunnel syndrome. The medical record contains 55 pages. There is a primary treating supplemental report dated November 5 2014. The supplemental report is a medical record review. There were no clinical notes, subjective complaints, objective findings, assessment or plan. There are two urine drug screens in the medical record. The UDS dated August 14, 2014 was negative for all medications. Additionally, the medications were not listed. A second urine drug screen dated February 2, 2015 was positive for lorazepam. There were no medications listed in the medical record. Consequently, absent clinical documentation with subjective complaints and objective findings, and assessment and plan and a list of current medications, Naproxen sodium 550 mg #1 is not medically necessary.