

Case Number:	CM15-0049989		
Date Assigned:	03/23/2015	Date of Injury:	03/14/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 31-year-old female, who sustained a cumulative work/ industrial injury on 3/14/13. She has reported initial symptoms of left wrist, neck, and back pain. The injured worker was diagnosed as having left wrist median neuritis, s/p left wrist cyst excision and lumbar spine strain. Treatments to date included medication, paraffin to left wrist with therapy, activity modification, and diagnostics. Magnetic Resonance Imaging (MRI) of the lumbar spine on 10/30/14 reported disc desiccation at L4-5, Schmorl's nodes at T12 down to L2, L3-4 focal left paracentral disc herniation causing spinal canal stenosis, and at L4-5 diffuse disc herniation. Electrodiagnostic study on 11/7/14 reported possible carpal tunnel syndrome with intact strength sensation, negative Tinel's test and Finkelstein's test was positive. Currently, the injured worker complains of left wrist orthopedic symptoms, unchanged. The treating physician's report (PR-2) from 1/5/15 indicated decreased grip and left wrist pain. Treatment plan included Tramadol and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, who had been using tramadol prior to this request for a renewal, there was insufficient evidence to show that this full review was completed regarding her tramadol use. There was a lack of specific reporting regarding functional gains and measurable pain reduction resulting from chronic tramadol use. Therefore, the request for tramadol 50 mg #60 will be not medically necessary due to lack of evidence of ongoing benefit, as this was not documented in the notes provided for review.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence to suggest she was at an elevated risk for a gastrointestinal event to warrant omeprazole use. There was also no reason indicated why the medication was prescribed in the notes available for review. Therefore, the request for omeprazole 20 mg #30 will be considered not medically necessary.