

<b>Case Number:</b>	CM15-0058396		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic hand, finger, and wrist pain reportedly associated with an industrial injury of May 12, 2014. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for naproxen, Prilosec, and tramadol. RFA form dated December 30, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On December 30, 2014, the applicant reported ongoing complaints of hand, wrist, and finger pain, 8/10. The applicant reported difficulty gripping and grasping. Upper extremity paresthesias were also evident. Electrodiagnostic testing of left lower extremity and MRI imaging of the hand were endorsed while naproxen, tramadol, and Prilosec were renewed. No discussion of medication efficacy transpired. The applicant was given a rather proscriptive 10-pound lifting limitation which seemingly resulted in the applicant's removal from the workplace. On October 15, 2014, the applicant was placed off of work, on total temporary disability. 7/10 pain complaints were noted on this occasion. Medication selection and medication efficacy were not discussed on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73, 78-80, 90-93, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was seemingly off of work as of the date tramadol was renewed, December 30, 2014. On that date, the applicant reported pain complaints in the 8/10 range, despite ongoing tramadol usage. The applicant reported difficulty-performing activities of daily living as basic as gripping and grasping. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Naproxen 550mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73, 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, as with the preceding request, the applicant continued to report pain complaints as high as 8/10, despite ongoing naproxen usage. The applicant continued to report difficulty-performing activities of daily living as basic as gripping, grasping, and lifting, despite ongoing naproxen usage. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.

**Omeprazole 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** Finally, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, evident on the December 30, 2014 progress note in question. Therefore, the request was not medically necessary.