

Case Number:	CM15-0245855		
Date Assigned:	12/28/2015	Date of Injury:	05/12/2011
Decision Date:	01/29/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/17/2015

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: Arizona, California

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 63 year-old male who sustained an industrial injury on 5-12-11. The documentation on 10-27-15 noted that the injured worker has complaints of right wrist pain right hand edema, stiffness, and weakness. There are decreased soft tissue restrictions through right wrist flexor and extensor bellies as well as through the hypothenar and thenar eminences. There is also decreased hypertonicity and tenderness to palpation through the right upper trapezius, levator scapulae, scalenes, sternocleidomastoid, cervical paraspinals, and pectoral girdle. The diagnoses have included adhesive capsulitis: left shoulder, cervical radiculitis/ radiculopathy, lumbar radiculitis/ radiculopathy, carpal tunnel syndrome: left positive, and altered mental status. Treatment to date has included arthroscopic surgery 7-28-14, physical therapy, and medications. The injured worker has been on Prilosec since at least 6-16-15. The original utilization review (11-23-15) non-certified the request for 45 tablets of Prilosec 20 mg with 1 refill. The request for 120 tablets of Tramadol 50 mg with 1 refill has been modified to 90 tablets. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 Tablets of Prilosec 20 mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/ anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs is not medically necessary due to increased risk of GI side effects. The claimant was on Prilosec for several months and long-term use is not indicated. Therefore, the continued use of Prilosec is not medically necessary.

120 Tablets of Tramadol 50 mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant was on NSAIDs previously. Pain scores were not noted with the Tramadol use. Future response cannot be predicted and long-term use of Tramadol is not medically necessary. The request for Tramadol with 1 refill is not medically necessary.