

Case Number:	CM14-0131375		
Date Assigned:	08/20/2014	Date of Injury:	12/20/2010
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female who had date of injury of 12/20/10. The mechanism of injury was not described. However, it is presumed to be cumulative trauma. She is reported to have chronic pain in her right hand and wrist. The injured worker is status post right carpal tunnel release. She has continued chronic pain and further reports pain in her right elbow. On physical examination she had a well healed incision at the anterior aspect of the right wrist. Resisted wrist flexion elicited pain in the right medial epicondylar region. Sensation was decreased in ulnar nerve distribution on the right side. Epicondylar tenderness was noted medially on the right elbow. Discomfort was noted on flexion/extension of the right elbow against gravity. She has diagnosis the include status post right carpal tunnel release surgery and right cubital tunnel syndrome. Utilization review determination dated 07/29/14 non-certified the request for Ultram 150mg, #60 and Prilosec #20mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The request for Ultram 150mg, #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic right upper extremity pain and evidence of right lateral epicondylitis. The record provides no indication that the injured worker has a signed pain management contract. There is no indication of functional improvements. The record does not contain any VAS (visual analog scale) data either on or off medications. As such, the injured worker would not meet criteria per CA MTUS for the chronic use of opiate medications.

Prilosec 20mg, #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: The request for Prilosec 20mg, #90 is not supported as medically necessary. The submitted clinical records provide absolutely no data establishing that the injured worker suffers from medication induced gastritis for which this medication would be clinically indicated. In the absence of detailed information establishing GI dysfunction the request is not supported as medically necessary.