MAXIMUS Federal Services

Case Number:	CM14-0144696		
Date Assigned:	09/12/2014	Date of Injury:	01/10/2011
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 33 years old female with an injury date on 01/10/2011. Based on the 05/21/2013 progress report provided by [redacted], the diagnoses are:1. Bilateral carpal tunnel syndrome, EMG +bilaterally 7/12/20132. Right de Quervain's disease3. Left lateral epicondylitisAccording to this report, the patient complains of right wrist pain with numbness and throbbing sensation; and left wrist numbness and weakness. Physical exam of the left wrist reveals decreased range of motion, +3tenderness to palpation of the dorsal wrist. Tinel's, Phalen's, and carpal compression test are positive. Exam of the right wrist reveals decreased range of motion, +3tenderness to palpation of the dorsal wrist and volar wrist. Tinel's, Phalen's, and carpal compression test are positive. There were no other significant findings noted on this report. The 09/16/2013 report indicates the patient's neck pain is at a 5/10 and low back pain is at a 3/10 that can increase to a 7/10. Left shoulder pain is at a 4/10, left elbow/ right wrist pain is at a 5/10 and bilateral knee pain is at a 6/10. The utilization review denied the request on 08/26/2014. [redacted] is the requesting provider, and he provided treatment reports from 04/11/2013 to 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: 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): 69.

Decision rationale: According to the 05/21/2013 report by [redacted] this patient presents with bilateral wrist pain with numbness. The treater is requesting Prilosec 20mg. The most recent progress report is dated 09/16/2013 and the utilization review letter in question is from 08/26/2014. Prilosec was first mentioned in the 04/11/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc.Review of reports do not show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Furthermore, the treater did not provide the prescription dosing and how this medication is being monitored. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not mention of how this medication has been helpful in any way. Without knowing the prescription dosing, one cannot make the appropriate recommendation. The request for Prilosec is not medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic OpiateMedications for chronic pain, Pain Assessment, CRITERIA FOR USE OF OPIOIDS, Opio.

Decision rationale: According to the 05/21/2013 report by [redacted] this patient presents with bilateral wrist pain with numbness. The treater is requesting Tramadol 50mg. The most recent progress report is dated 05/21/2013 and the utilization review letter in question is from 08/26/2014. Tramadol was first mentioned in the 004/11/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. However, there are no outcome measures provided. No specific ADL's, return to work are discussed.There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating

efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request for Tramadol is not medically necessary.