MAXIMUS Federal Services

Case Number:	CM14-0148367		
Date Assigned:	09/18/2014	Date of Injury:	07/12/2012
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational 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 patient is a male who has submitted a claim for Displacement of thoracic or lumbar intervertebral disc without myelopathy associated with an industrial injury date of July 12, 2012.Medical records from 2014 were reviewed, which showed that the patient complained of severe wrist pain of the bilateral wrist. Examination revealed positive Phalen's and Tinel's test on the right. Grip strength on the right was 140/130/140 and on the left was 100/100/100.Treatment to date has included tramadol (since April 15, 2014 without significant benefit), Xanax (since April 15, 2014 without significant benefit), and Prilosec (since April 15, 2014). A urine toxicology test was performed on April 15, 2014 but the result was not included in the review. Utilization review from August 29, 2014 denied the request for Tramadol 150 mg #60, Prilosec 20 mg #90 and PT 2x6. The request for PT was denied because the patient's residual deficits are only limited to numbness and positive provocative tests which may be managed with a self-directed exercise program. The request for Tramadol was denied because there was no clear evidence of objective functional improvement with the use of the medication, it was not clear if weaning and tapering from medication had been attempted and urine drug screen as well as risk assessment were not submitted. The request for Prilosec was denied because there was no evidence of NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least April 15, 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. In addition, there is neither documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Adverse effects were not adequately reviewed. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Tramadol 150 mg #60: is not medically necessary.

Prilosec 20 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Pain Procedure Summary, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include age 65+ years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Furthermore, there was no NSAID being taken. Therefore, the request for Prilosec 20#90 is not medically necessary.

Physical Therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended in certain situations. The recommended number of initial visits depends on the condition of the patient. The ODG recommends 3-8 visits over 3-5 weeks for post-surgical treatment of carpal tunnel syndrome. In this case, clinical manifestations are consistent with carpal tunnel syndrome; hence, physical therapy is a reasonable treatment option. However, the request is incomplete because the body part to undergo therapy is not specified. Therefore, the request for Physical Therapy 2x6 is not medically necessary.