

Case Number:	CM14-0170986		
Date Assigned:	10/23/2014	Date of Injury:	05/20/2008
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Physical Medicine 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 57-year-old female with an injury date of 05/20/2008. According to the 04/10/2014 progress report, the patient complains of having pain in her left upper extremity. Upon physical examination, the patient tested positive on both the Hawkins' test and Neer's test on the left. She has tenderness in the AC joint on the left with positive cross-body adduction movement. Examination of the bilateral upper extremities reveals positive handshake test on the left. She also has tenderness in the medial epicondyle region on the left. The 08/07/2014 report indicates that the patient also has left elbow and lower back pain. The patient is diagnosed with the following: 1.Cervical thoracic strain/arthrosis. 2.Right shoulder status post arthroscopic chondroplasty of humerus, and treatment of subscapularis with subacromial decompression and Mumford procedure. 3.Left shoulder impingement syndrome with acromioclavicular joint arthrosis.4.Bilateral medial epicondylitis/cubital tunnel syndrome. 5.Left carpal tunnel syndrome/status post left wrist arthroscopic debridement of triangular fibrocartilage complex tear. 6.Lumbosacral strain/arthrosis with scoliosis in spine, the supraspinatus with neural encroachment. The utilization review determination being challenged is dated 09/16/2014. Three treatment reports were provided from 04/10/2014, 06/12/2014, and 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription for Tramadol 38.5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: Based on the 08/07/2014 progress report, the patient complains of having left elbow pain and lower back pain. The request is for 1 prescription for tramadol 38.5/325 mg #60 with 1 refill. The report with the request was not provided. Tramadol was first mentioned on the 08/07/2014 progress report. 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 4 A's (analgesia, activities of daily living, 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 08/07/2014 progress report states, "Medication prescribed: Ultracet 2 tabs PO BID PRN for pain." No further discussions on Tramadol were provided. The provider fails to mention any pain scales, adverse side effects/behavior, or any changes in activities of daily living (ADLs). Due to lack of documentation, recommendation refill is not medically necessary and appropriate. In this case, the 08/07/2014 progress report states, "Medication prescribed: Ultracet 2 tabs p.o. b.i.d. p.r.n. pain." No further discussions on tramadol were provided. The treater fails to mention any pain scales, adverse side effects/behavior, or any changes in ADLs. Due to lack of documentation, recommendation is for denial.

One Prescription request for Prilosec 20 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/ Gastrointestinal (GI) Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: According to the 08/07/2014 progress report, the patient complains of having left elbow pain and lower back pain. The request is for 1 prescription for Prilosec 20 mg #60 with 1 refill for treatment of heartburn. The report with the request was not provided. Prilosec was first mentioned on the 08/07/2014 progress report. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAIDs use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal (GI) events. In this case, the provider does not document any gastrointestinal symptoms for this patient nor is the patient recorded as taking any NSAIDs in 3 progress reports provided. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, recommendation refill is not medically necessary and appropriate.

