

Case Number:	CM14-0099354		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2003
Decision Date:	10/22/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	06/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old female with a work injury dated 2/18/03. The diagnoses include cervical myofascial pain syndrome with mild degenerative disk disease and mild degenerative spondylosis; bilateral shoulder sprain/strain; bilateral elbow sprain/strain; medial epicondylitis bilateral by history; carpometacarpal arthritis of bilateral thumbs; mild carpal tunnel syndrome bilateral. Under consideration is a request for one prescription of Omeprazole 20 mg #30 with 5 refills and one prescription of Ultram 50mg with 5 refills. There is a primary treating physician report dated 6/10/14 that states that the patient complains of more hand pain. The patient complains of hand pain. She complains of worsening left shoulder pain. She feels therapy damages the tendons. She has adequate control of pain with Ultram and Tramadol which aid in pain and inflammation. The review of systems is positive for abdominal pain, constipation, and gastritis. There is no change in function since the prior visit. Objective findings: included bilateral superior deltoid and snuffbox tenderness. Positive right Hawkin's and positive bilateral Neer's tests were noted. Right shoulder range of motion was limited. There was decreased sensation bilaterally at C7 as well as bilateral interossei and thenar atrophy. The patient reported not working by choice.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Omeprazole 20 mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints page 8; NSAIDs, GI symptoms & cardiovascular risk p.69 Page(s): 8; 6.

Decision rationale: One prescription of Omeprazole 20 mg #30 with 5 refills is not medically necessary as written. The MTUS guidelines state that the MTUS criteria for a proton pump inhibitor include : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The MTUS guidelines state that continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is documentation of gastritis and NSAID use, however it is not appropriate to given the patient 5 refills as the continued use of the NSAID use may not be medically necessary and therefore the Omeprazole would not be medically necessary. The request for Omeprazole 20mg #30 with 5 refills is not medically necessary.

One prescription of Ultram 50mg with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.20. Medical Treatment Utilization Schedule-- Definitions- page 1 (functional improvement)

Decision rationale: One prescription of Ultram 50mg with 5 refills is not medically necessary per the MTUS Guidelines. The patient has been using opioid medication since at least December 2012. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The patient has been on opioids long term since 2012 without significant evidence of functional improvement as defined by the MTUS. For this reason the request for Ultram 50mg with 5 refills is not medically necessary.