

Case Number:	CM14-0101195		
Date Assigned:	07/30/2014	Date of Injury:	11/16/2012
Decision Date:	06/16/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 41 year old male, who sustained an industrial injury on November 16, 2012. He reported right wrist and left knee pain. The injured worker was diagnosed as having status post open reduction and internal fixation of a right distal radius intra-articular fracture and closed treatment of a right ulnar styloid fracture on November 26, 2012, mild elbow degenerative joint disease, bilateral knee degenerative joint disease, and right scapholunate widening. Diagnostic studies to date have included x-rays, electro diagnostic studies, CTs, and MRIs. Treatment to date has included a pain injection, right arm cast, physical therapy for the left knee, postoperative occupational/physical therapy for the right wrist, and a functional capacity evaluation. On May 21, 2014, the injured worker complains of ongoing right wrist, right hand, and right knee pain. The pain is rated 4-8/10. The physical exam revealed an incision over the volar aspect of the radial side of the right wrist, no sign of infection, decreased right wrist range of motion, mild tenderness over the flexor tendons, decreased grip strength, decreased sensation to light touch of the radial aspect of the right thumb, and decreased extension of the right 4th and 5th fingers. There was decreased right knee range of motion with painful patellofemoral crepitus, and normal strength in the quad and hamstring muscles. The treatment plan includes a follow-up for possible right hand and wrist surgery, Tramadol 50mg, and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up For Possible Right Hand And Wrist Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 25.

Decision rationale: This injured worker was denied a request for a follow-up for possible right hand and wrist surgery. The physical exam did not document any red flag symptoms or signs which would be indications for immediate referral. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of follow-up for possible right hand and wrist surgery. The request is not medically necessary.

Tramadol 50mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 84-94.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. The request is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding NSAIDs, GI symptoms, and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2012. Omeprazole (Prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high

risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.