

Case Number:	CM14-0122886		
Date Assigned:	09/16/2014	Date of Injury:	04/22/2006
Decision Date:	06/30/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male injured worker suffered an industrial injury on 04/22/2006. The diagnoses included carpal tunnel syndrome, cervical spine strain, and shoulder sprain/strain and wrist sprain. The injured worker had been treated with medications. On 6/2/2014, the treating provider reported constant pain of the bilateral shoulders rated 6 to 10/10. There was bilateral wrist numbness, tingling, with radiations. There was burning in both feet rated 5 to 8/10. On exam there was tenderness of the bilateral shoulders and wrists. The treatment plan included Aciphex and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 04/22/2006. The medical records provided indicate the diagnosis of carpal tunnel syndrome, cervical spine strain, and shoulder sprain/strain and wrist sprain. The medical records provided for review do not indicate a medical necessity for Aciphex 20mg #60. Aciphex (Rabeprazole) is a proton pump inhibitor. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals on NSAIDs who are at the risk of gastrointestinal events. The records indicate the medication was added due to gastrointestinal upset from the use of Tramadol (an Opioid medication, not an NSAID), the Tramadol has been determined not to be medically necessary. Also, this medication belongs to the class of drugs the official disability guidelines recommends as second line drugs, and should not be prescribed unless if authorized after utilization review with supporting reason of failed treatment or intolerance to the first line drugs. Therefore, the request is not medically necessary.

Ultram 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Tramadol/Acetaminophen (Ultracet, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix AODG Workers' Compensation Drug Formulary.

Decision rationale: The injured worker sustained a work related injury on 04/22/2006. The medical records provided indicate the diagnosis of carpal tunnel syndrome, cervical spine strain, and shoulder sprain/strain and wrist sprain. The medical records provided for review do not indicate a medical necessity for Ultram 37.5/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the use of this medication predates 04/2014, but there has been no overall improvement. Therefore, the request is not medically necessary.