

Case Number:	CM14-0214803		
Date Assigned:	01/07/2015	Date of Injury:	08/29/2010
Decision Date:	02/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

39 yr. old male claimant sustained a work injury from 1/7/09 to 1/7/10 involving the hands and elbows. He was diagnosed with bilateral carpal tunnel syndrome, bilateral epicondylitis, and underwent bilateral carpal tunnel release in April and July 2014. He had undergone prior platelet rich plasma injections for his elbows. Prior to the surgeries he had been on Norco for pain along with Protonix for GI protection. A progress note on 8/7/14 indicated the claimant had minimal post-operative swelling and well healed incisions. He had stopped pain medication and denies pain at the time of the exam. He was given Ultram ER , Protonix and topical Voltaren gel for pain. A progress note on 11/20/14 indicated the claimant had no symptoms in the fingers. There was only residual tenderness in the wrists. The claimant was continued on the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 DOS: 11/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Protonix is not medically necessary.

Ultram ER 150mg DOS: 11/20/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Tramadol Page(s): 93-94.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant's pain was minimal and actually, the claimant stated there was no pain after the surgery in August 2014 at which time he was not taking medication. Recent exam findings also did not include any significant pain or abnormalities on exam. There was no evidence of Tylenol or NSAID failure. The continued use of Tramadol ER as above is not medically necessary.