

Case Number:	CM15-0001886		
Date Assigned:	01/12/2015	Date of Injury:	10/05/2011
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported a repetitive strain injury on 10/05/2011. The current diagnoses include chronic headaches, chronic myofascial pain syndrome, mild left L4-5 radiculopathy, status post left carpal tunnel release, mild to moderate left ulnar nerve entrapment at the elbow with medial epicondylitis and NSAID induced gastritis. The injured worker presented on 12/13/2014 with complaints of headaches, constant neck pain and constant low back pain. Previous conservative treatment is noted to include physical therapy and medication management. Upon examination there was restricted cervical range of motion, slightly to moderately lumbar range of motion, pain with range of motion of the cervical spine, multiple myofascial trigger points and taut bands throughout the cervical paraspinal muscles, an inability to heel/toe walk with the left leg, decreased sensation in the lateral and posterior aspect of the left thigh, diminished grip strength in the left hand, weakness with dorsiflexion of the left foot, palpable tenderness at the left epicondyle and slightly decreased left elbow range of motion. The injured worker was instructed to continue with naproxen 550 mg and omeprazole 20 mg. The injured worker was also instructed to convert Ultracet to long acting tramadol HCL ER 150 mg at bedtime. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

Tramadol/ APAP 37.5/32 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. There was no documentation of objective functional improvement despite the ongoing use of Ultracet 37.5/325 mg since at least 10/2014. Additionally, it was noted that the injured worker was instructed to discontinue Ultracet and convert to long acting tramadol ER 150 mg. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Naproxen 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized the above medication since at least 10/2014 without any

evidence of objective functional improvement. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically appropriate.