

Case Number:	CM15-0110237		
Date Assigned:	06/16/2015	Date of Injury:	04/17/2014
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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 47 year old male, who sustained an industrial/work injury on 4/17/14. He reported initial complaints of back, neck and right wrist pain. The injured worker was diagnosed as having cervical sprain, s/p right wrist open reduction and internal fixation (ORIF), left hand sprain, upper extremity neuropathy, and lumbar sprain with radiculitis. Treatment to date has included medication, diagnostic testing, surgery for right hand/casting, epidural injections, physical therapy, and home exercise program. Currently, the injured worker complains of chronic low back, neck, and right wrist pain rated 6/10. Per the primary physician's progress report (PR-2) on 5/7/15, examination revealed tenderness to palpation to palmar/dorsal area of right hand, decreased grip and sensation; reduced range of motion to right wrist. Current plan of care included continuing meds for pain management and hand specialist. The requested treatments include retrospective Tramadol 50mg and retrospective Pantoprazole DR 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg #90 (DOS 05/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, specific drug list; Tramadol (Ultram) Page(s): 80-81; 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. Therefore, the request for retrospective Tramadol 50mg #90 (DOS 05/07/2015) is not medically necessary and appropriate.

Retrospective Pantoprazole DR 20mg #30 (DOS 05/07/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Chronic Pain: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Pantoprazole. Therefore, the request for retrospective Pantoprazole DR 20mg #30 (DOS 05/07/2015) is not medically necessary and appropriate.