

Case Number:	CM15-0129131		
Date Assigned:	07/15/2015	Date of Injury:	02/24/2012
Decision Date:	08/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year-old female, who sustained an industrial injury on 02/24/2012. She has reported injury to the bilateral wrists/hands and low back. The diagnoses have included chronic lumbosacral sprain; bilateral lower extremity radiculopathy secondary to disc herniation, facet osteoarthritis; bilateral wrist sprain/strain with left volar/radial ganglion cyst; osteoarthritis bilateral first carpometacarpal joint; and chronic cervical spine sprain/strain. Treatment to date has included medications, diagnostics, bracing, and injections. Medications have included Tramadol, Motrin, Flexeril, Prilosec, and topical compounded cream. A progress report from the treating physician, dated 06/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain rated at 7-8/10 on the pain scale; she had lumbar epidural steroid injection on 05/11/2015, and reports decreased radicular symptoms, pain, and numbness; she has bilateral wrist pain, left wrist greater than right wrist, with numbness, tingling, and weakness with radiation to the forearm; functional status has improved; and the medications are helpful. Objective findings included mild distress and anxious; she exhibits difficulty with rising from sitting, and moves about with stiffness; gait is antalgic; and she is compliant with medications, which are helpful. The treatment plan has included the request for Tramadol 50mg #120; and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for chronic bilateral wrist and radiating back pain. When seen, there had been improvement after an epidural injection. She was having less radicular symptoms, pain, and numbness. Medications are referenced as helpful. Physical examination findings were unchanged from the previous exam where there was an antalgic gait without use of an assistive device. The claimant had difficulty transitioning positions and moved stiffly. Tramadol, Prilosec, and a compounded topical cream were prescribed. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for chronic bilateral wrist and radiating back pain. When seen, there had been improvement after an epidural injection. She was having less radicular symptoms, pain, and numbness. Medications are referenced as helpful. Physical examination findings were unchanged from the previous exam where there was an antalgic gait without use of an assistive device. The claimant had difficulty transitioning positions and moved stiffly. Tramadol, Prilosec, and a compounded topical cream were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec was not medically necessary.