

<b>Case Number:</b>	CM15-0172483		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 49 year old female with an industrial injury dated 06-24-2010. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, hand sprain and strain, pain in limb, and cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, bilateral carpal tunnel release, 12 sessions of post-operative physical therapy and periodic follow up visits. According to the progress note dated 06-01-2015, the injured worker reported chronic bilateral wrist pain. The right wrist pain was noted to be residual. Objective findings (06-01-2015) revealed well-healed incision in right hand, positive Phalen's test on left side, and triggering in the first and third fingers with tenderness in A1 pulleys. In an operative report dated 06-19-2015 the injured worker underwent a left carpal tunnel release, left 1st and 3rd digit trigger finger release, left flexor compartment tenosynovectomy, left median nerve neurolysis and left wrist anesthetic block. The 06-01-2015 progress report did not document any clinical findings regarding gastrointestinal signs and symptoms. Medical records indicate that the injured worker has been on Ultram ER since at least 12-12-2014. There was no pain scale provided and no significant functional improvement documented on exam. The treating physician prescribed Prilosec (Omeprazole) 20 mg #360 and Ultram ER (Tramadol extended release) 150 mg #360 now under review. The original utilization review (08-06-2015) partially approved the request for Prilosec (Omeprazole) 20 mg #180 (original #360) and Ultram ER (Tramadol extended release) 150 mg #60 (original #360).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20 mg #360: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in June 2013 and is being treated for left upper extremity pain. She underwent a left carpal tunnel release with left first and third trigger finger releases and forearm tenosynovectomy on 06/19/15. Her preoperative assessment documents gastroesophageal reflux disease with other medical conditions of hypertension, and diabetes. Relafen and extended release Tramadol are being prescribed. When seen, VAS pain scores and the claimant's response to the medications being prescribed are not documented. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Relafen (Nabumetone) at the recommended dose and has a history of gastroesophageal reflux disease. Prilosec (Omeprazole) was medically necessary.

**Ultram ER (Tramadol extended release) 150 mg #360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in June 2013 and is being treated for left upper extremity pain. She underwent a left carpal tunnel release with left first and third trigger finger releases and forearm tenosynovectomy on 06/19/15. Her preoperative assessment documents gastroesophageal reflux disease with other medical conditions of hypertension, and diabetes. Relafen and extended release Tramadol are being prescribed. When seen, VAS pain scores and the claimant's response to the medications being prescribed are not documented. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Relafen (Nabumetone) at the recommended dose and has a history of gastroesophageal reflux disease. Prilosec (Omeprazole) was medically necessary. Ultram ER (Tramadol) is a sustained release opioid used for treating baseline 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing was not medically necessary.

