MAXIMUS Federal Services

Case Number:	CM15-0179702		
Date Assigned:	09/21/2015	Date of Injury:	07/26/2012
Decision Date:	12/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 58 year old female, who sustained cumulative industrial trauma injuries from 07-26-2011-07-26-2012. A review of the medical records indicates that the worker is undergoing treatment for bilateral shoulder impingement syndrome with partial tear rotator cuff tendon, status post left carpal tunnel release, right carpal tunnel syndrome, right elbow lateral epicondylitis, C6-C7 discogenic pain with radiculopathy and L5-S1 spondylolisthesis with L4-L5 and L5-S1 discogenic pain. Treatment has included Tramadol (since at least 06-12-2015), Prilosec (since at least 06-12-2015), Relafen, extracorporeal shockwave therapy, physical therapy and left wrist carpal tunnel release. Subjective complaints on 04-24-2015 included bilateral hand pain, right hand numbness and weakness, bilateral shoulder pain and low back pain. Objective findings showed decreased grip strength of the bilateral hands right worse than left, positive Tinel's of the right wrist, positive Phalen's test of the right wrist and positive median nerve compression test on the right side. The physician noted that authorization for right carpal tunnel release had been requested and denied and that signs and symptoms of carpal tunnel syndrome on the right side had not responded to conservative treatment. Subjective complaints (06-12-2015) included bilateral shoulder, arm and right elbow pain and right hand weakness. Pain levels were not quantified and there was no indication as to the effectiveness of Tramadol at relieving pain or improving function. There was no documentation of gastrointestinal complaints and no documentation of peptic ulcer, gastrointestinal bleeding or perforation. Objective findings (06-12-2015) included positive Tinel's sign of the right wrist, positive Phalen's test, tenderness to the right elbow lateral epicondyle, positive provocative test for the lateral epicondylitis and

decreased grip strength. In an agreed medical evaluation dated 08-07-2015, the injured worker was noted to have bilateral wrist and hand pain right worse than left with difficulties completing activities of daily living such as dressing, shopping and chores due to weakness and decreased right hand grip strength. Objective findings showed decreased sensation of the index and long finger on both hands and positive Tinel's and Phalen's test bilaterally at the wrist. A utilization review dated 08-20-2015 non-certified requests for Tramadol 50 mg #60 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as tramadol. The request is not medically necessary.

Prilosec 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for prilosec in the insured congruent with ODG.