

Case Number:	CM15-0037581		
Date Assigned:	03/06/2015	Date of Injury:	10/16/2012
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: Pennsylvania, Ohio, 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 44-year-old male, who sustained an industrial injury on 10/16/2012. The diagnoses have included lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included physical therapy and medications. Currently, the IW complains of pain in the bilateral elbows and wrists. Objective findings included a well-healed surgical scar on the right elbow. There was mild tenderness to palpation of the lateral epicondyle. He has positive resisted wrist extension bilaterally. Bilateral wrists have no external evidence of injury or bony deformity, positive Tinel's and Phalen's tests. There is a negative Finkelstein's. Grip strength is 4/5 bilaterally. Distal neurovascular testing is intact. On 2/10/2015, Utilization Review non-certified a retrospective request for Tramadol 50mg #60 and Omeprazole 20mg #60 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS and ODG were cited. On 2/27/2015, the injured worker submitted an application for IMR for review of Tramadol 50mg #60 and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review, medications: Tramadol 50 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Retrospective review, medications: Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

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

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. The request is not medically necessary.