

Case Number:	CM15-0042660		
Date Assigned:	03/12/2015	Date of Injury:	05/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 female, who sustained an industrial injury on May 3, 2012. The injured worker was diagnosed as having bicipital tenosynovitis, lateral epicondylitis, wrist pain, shoulder pain, carpal tunnel syndrome and cervical pain. Treatment to date has included physical therapy and medication. A progress note dated February 11, 2015 the injured worker complains of neck and both wrists. She reports she is compliant with home exercise and her medications allow her to perform activities of daily living (ADL). She reports cortisone injections help and is continuing physical therapy. Magnetic resonance imaging (MRI) of elbows has been done. Physical exam notes positive Phalen's and Tinel's sign with tenderness. Plan includes oral medication in addition to the injections and physical therapy. A utilization review dated 2/24/15 modified the request for Ibuprofen 800 mg #120, and did not approve the request for famotidine 20 mg #60 and Tramadol 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Farnotidine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Famotidine is classified as a histamine-2 blocker. According to MTUS guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal (GI) events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events. Use of the medication is meant to serve as protection from GI issues. Other indications for use of this medication would be for primary GI disorders such as reflux disease. ODG also states that proton pump inhibitors (PPI) are considered first-line therapy for these indications. The medical documentation does not provide evidence of a primary GI disorder, bleeding, perforation, peptic ulcer, ASA use, or other GI risk factors. The patient is on 800 mg Ibuprofen, but there is also no indication that first-line therapies for GI protection have failed. The treating physician does not provide any additional justification or indication for use of the medication. Therefore, the request for famotidine 20 mg #60 is not medically necessary at this time. However, ODG guidelines and UpToDate indicate that proton pump inhibitors (PPI) are considered first-line therapy for this indication, and that H-2 blockers are generally reserved for second-line therapy when PPIs have failed. The treating physician does not provide evidence in the medical record that PPI therapy has been unsuccessful. Therefore, the request is not medically necessary at this time.

Tramadol Hcl 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 74-96, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Tramadol is classified as central acting synthetic opioid, exhibiting opioid activity. According to MTUS guidelines, tramadol is not recommended as a first-line oral analgesic. ODG states that tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen. According to MTUS, opioids in general are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. The diagnosis for use includes multiple musculoskeletal

conditions. The treating physician states that the patient has improved pain control and function (to include ADLs) while on the medication. However, there is little detail regarding the reported pain over time or response to first-line conservative therapies. In fact, the patient continues to be on ibuprofen and is undergoing physical therapy at the same time, therefore it is difficult to determine which modality is providing improvement. There is no indication why the patient is on this as opposed to other opioids. Therefore, the request for tramadol 50 mg #60 is not medically necessary at this time.