

Case Number:	CM15-0066149		
Date Assigned:	04/13/2015	Date of Injury:	04/12/2007
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 64 year old male with an industrial injury dated April 12, 2007. The injured worker diagnoses include cervical strain, L4-5 annular tearing, right knee pain following arthroscopy with chondromalacia, left carpal tunnel syndrome and first carpometacarpal joint pain, status post right carpal tunnel release surgery and first carpometacarpal joint fusion on 9/19/13, stress syndrome, insomnia, left ventricular hypertrophy rule out labile hypertension, L4-5, L5-S1 disc protrusion, gastrointestinal reflux and irritable bowel syndrome with rectal bleeding. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/5/2015, the injured worker reported pain in his neck, low back, bilateral shoulders, bilateral hands and right knee. Objective findings revealed tenderness, swelling and positive grind maneuver in the right knee. The treating physician prescribed Tramadol ER, Gabapentin and Omeprazole now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 64 year old male has complained of neck pain, right knee pain and wrist pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications to include opioids for at least 8 weeks duration. The current request is for Tramadol ER. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol ER is not medically necessary.

Gabapentin 600mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 64 year old male has complained of neck pain, right knee pain and wrist pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications to include Gabapentin for at least 8 weeks duration. The current request is for Gabapentin. Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not medically necessary.

Omeprazole 20mg, #100 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 64 year old male has complained of neck pain, right knee pain and wrist pain since date of injury 4/12/07. He has been treated with surgery, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use

of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.