MAXIMUS Federal Services

Case Number:	CM15-0070564		
Date Assigned:	04/20/2015	Date of Injury:	09/10/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 36-year-old female, with a reported date of injury of 09/10/2014. The diagnoses include bilateral carpal tunnel syndrome, left paresthesia of the left middle/ring/little fingers, left forearm contusion, and left wrist and hand contusion. Treatments to date have included Ultram, naproxen, Prilosec, physical therapy for the left hand, injection in the left hand, and x-rays of the left hand. The progress report dated 02/25/2015 indicates that the injured worker complained of bilateral shoulder pain, bilateral wrist pain, bilateral arm pain, and left finger pain. She rated her bilateral shoulder and bilateral wrist pain 8 out of 10. The injured worker had been taking three Ultram tablets a day. She reported improvement in her pain level from 8 out of 10 to 3-5 out of 10 after taking medication. The objective findings include tenderness of the left wrist and limited left wrist range of motion due to pain. The treating physician requested Ultram 50mg #90 and Omeprazole 20mg #60. It was noted that the medications were prescribed to control the injured worker's symptoms and to help in restoring function in order to adequately perform her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with pain, the claimant had been on Ultram in combination with NSAIDs for over 6 months. Long-term use is not indicated . Weaning attempt or failure of other non-controlled substances was no mentioned. Continued use of Ultram is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on NSAIDs and opioids for pain. There was no indication of failure of Tylenol use instead of using NSAIDs. Therefore, the continued use of Omeprazole is not medically necessary.