

Case Number:	CM15-0075079		
Date Assigned:	04/27/2015	Date of Injury:	12/09/2006
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 60-year-old female, who sustained an industrial injury, December 9, 2006. The injured worker suffered from accumulative trauma affecting both upper extremities. The injured worker previously received the following treatments status post left carpal tunnel release and elbow denervation, right carpal tunnel decompression with elbow denervation, dexamethasone injections, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, random laboratory studies, Dilaudid, Motrin, Ultram and Protonix. The injured worker was diagnosed with status post left carpal tunnel release and recurrent left carpal tunnel syndrome. According to progress note of March 5, 2015, the injured workers chief complaint was substantial pain, numbness, tingling and weakness affecting the left hand. The physical exam noted persistent focal tenderness directly over the left carpal tunnel with dysesthesias extending into the thumb and index finger as well as the proximally into the forearm. The Tinel's, Phalen's and Durkin signs were quite positive. The treatment plan included prescriptions for Protonix and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 prescription of Protonix 20mg #60 (DOS 03/05/2015): 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 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2006. The medical course has included an MRI and use of several medications including NSAIDs. Protonix is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events, so Protonix is not medically necessary.

Retrospective 1 prescription of Ultram ER 100mg #60 (DOS 03/05/2015): 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 9792.20 - 9792.26.

Decision rationale: Per the guidelines, tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 3/15 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to tramadol to justify use. Tramadol is not medically necessary.