

<b>Case Number:</b>	CM15-0079865		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California, Hawaii  
 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 48 year old female who sustained an industrial injury on 06/24/2010. The injured worker was diagnosed with cervical radiculopathy, carpal tunnel syndrome and hand sprain/strain. The injured worker also has a history of gastroesophageal reflux disorder (GERD). Treatment to date includes diagnostic testing, conservative measures, right hand surgery, physical therapy, night splints, injections and medications. The injured worker is status post right 3rd digit trigger release and a right carpal tunnel release on December 12, 2014. According to the primary treating physician's progress report on March 23, 2015, the injured worker is doing well post right hand surgery and currently in physical therapy. The injured worker currently reports left sided complaints with triggering of the thumb and 3rd digit. Examination of the left hand/wrist demonstrated positive Phalen and reverse Phalen testing. Current medications were noted as Ultram ER, Relafen and Prilosec. Treatment plan consists of authorized left carpal tunnel release and trigger releases and the current request for Ultram ER, Relafen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg Qty: 360.00: Overturned**

**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 Page(s): 67-69.

**Decision rationale:** The patient presents with GI upset and pain affecting the bilateral hand/wrist, cervical, & lumbar spine. The current request is for Prilosec 20mg Qty: 360.00. The treating physician states, "The patient has been prescribed omeprazole. The patient has a history of gastro esophageal reflux disease. It has been described as exacerbated with the medications prescribed for the industrial injury. With omeprazole, there has been reduction of acid secretion, reduction in reflex, and reduction in dyspepsia." (25B) The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treating physician has documented that the patient is currently taking NSAIDs and experiences GI upset due to medication usage. The current request is medically necessary and the recommendation is for authorization.

**Relafen 750mg Qty: 360.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67.

**Decision rationale:** The patient presents with GI upset and pain affecting the bilateral hand/wrist, cervical, & lumbar spine. The current request is for Relafen 750mg Qty: 360.00. The treating physician states, "The patient has been prescribed nabumetone, an anti-inflammatory that is consistent with the MTUS chronic pain medical treatment guidelines. The patient mostly uses the anti-inflammatory for breakthrough pain." (25B) Regarding NSAIDs, the MTUS guidelines on page 22 supports usage for chronic low back pain. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the medical records does not show documentation of functional benefit or pain reduction from Relafen. None of the reports provided discuss medication efficacy. The current request is not medically necessary and the recommendation is for denial.

**Ultram ER 150mg Qty: 360.00: 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 Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with GI upset and pain affecting the bilateral hand/wrist, cervical, & lumbar spine. The current request is for Ultram ER 150mg Qty: 360.00. The treating physician states, "The patient has been prescribed tramadol extended release. One tablet twice daily as needed." (25B) The treating physician also documents that the patient has been taking this medication since at least December 2014. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects or aberrant behavior. The current request is not medically necessary and the recommendation is for denial.