

<b>Case Number:</b>	CM13-0015582		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 46-year-old gentleman who was injured in a work related accident on January 29, 2010. Clinical records for review include a recent clinical report from September 27, 2013 by treating physician [REDACTED] indicating current subjective complaints of pain in the wrist with numbness and tingling into the hands. At that time, objective findings were noted to show well healed incision from prior carpal tunnel release surgery on the right with 45 degrees of flexion and extension, a positive right sided Tinel and Phalen's test. June 7, 2013 electrodiagnostic studies showed moderate right and mild to moderate left median neuropathy at the wrist. The claimant was given the diagnoses of status post bilateral carpal tunnel release with continued cervical spine herniated disc with radiculopathy. Further objective findings on that date were not noted. A revision carpal tunnel release procedure for therapeutic and analgesic purposes was recommended. The claimant's prior right sided carpal tunnel release procedure took place on September 29, 2012. Also, requested at that time was continuation of medications in the form of Xanax for anxiety; lisinopril for hypertension; and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: Diabetes Procedure

**Decision rationale:** Based on Official Disability Guideline criteria as California ACOEM and MTUS Guidelines are silent, continued use of lisinopril for the claimant's current work related injury would not be supported. There is nothing indicating hypertension as a causative factor from the claimant's work related injury. As such, the role of this agent for the medical treatment of hypertension would not be indicated given the claimant's work related diagnosis at present.

**Xanax 0.5mg, #30:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Xanax or benzodiazepine would not be indicated. Benzodiazepines are only recommended for short term use with Guidelines limiting their use for up to four weeks. The claimant is now several years following time of work related injury with current diagnosis of residual carpal tunnel syndrome. This diagnosis in and of itself would not support the role of continued use of benzodiazepines at this chronic stage of care.

**Prilosec 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk. Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms & cardiovascular risk..

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Prilosec, a GI protective proton pump inhibitor would not be supported. The role of protective GI proton pump inhibitors would only be indicated if determination of risk for gastrointestinal events. The criteria for risk of gastrointestinal events would include an age of greater than 65 years, history of peptic ulcer disease, GI bleeding or perforation, concordant use of aspirin, nonsteroidals, anticoagulants or high dose multiple nonsteroidal usage. Records do not indicate any of the above. The specific request for Prilosec at this stage in the claimant's chronic course of care would not be indicated.