

<b>Case Number:</b>	CM13-0019153		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/12/1997
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 64-year-old female. Date of injury is 03/12/1997. Per report, 07/12/2013, by [REDACTED], presenting symptoms are that the patient is status post right carpal tunnel release, right long and ring finger-trigger release is not doing well with the symptoms in the lumbar spine, left knee not changed. Listed diagnoses are: 1. Status post bilateral carpal tunnel releases, left trigger-finger release. 2. Status post revision of right carpal tunnel release, and release of right long and ring trigger fingers. 3. Severe lumbar discopathy. 4. Facet arthropathies. 5. Status post arthroscopic surgery, left knee, with evidence of arthrosis. 6. Electrodiagnostic studies of evidence of bilateral carpal tunnel syndrome, right cubital tunnel syndrome. Report from 05/21/2013 has the patient with increased low back pain, radiation to the left lower extremity, has right hand pain, difficulty using her hand for excess writing, left knee pain. A list of different medications was dispensed, but no discussion regarding medication efficacy. Report on 03/07/2013 has persistent pain in the low back, aggravated by usual activities, has had 6 sessions of chiropractic care, and the symptoms in the knee and right hand unchanged. Report on 06/12/2013 discusses medication in a little more detail. This report indicates that omeprazole is to be used as needed for upset stomach to be taken in conjunction with pain and anti-inflammatory medications to prophylactically protect her stomach and to prevent any GI complications from taking these medications, Medrox pain relief ointment for temporary relief of minor aches and muscle pain, other medications provided for temporary symptomatic relief and allow her to continue to function on a daily basis and 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:

**Naproxen Sodium 550mg: 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 .Medications for Chronic Pain, anti-inflammatory medications, NSAIDS Page(s): 60 and 61, 22, 67-.

**Decision rationale:** This patient suffers from chronic low back pain, knee pain, and bilateral upper extremity symptoms. The treating physician has prescribed naproxen for the duration of the records reviewed in 2012 and 2013. There is not a single mention in any of the reports of how this patient is responding to the use of naproxen on a monthly basis or bimonthly basis. MTUS Guidelines, pages 60 and 61, state for medications for chronic pain, "a record of pain and function with the medication should be recorded". In this patient, there is not a single recording of pain or function assessment as a result of use of Naproxen. Recommendation is for denial.

**Odansetron 4mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic neck, upper extremity, and knee pains. The treating physician has prescribed Ondansetron or Zofran 4 mg to presumably treat nausea or other GI complications due to the patient's medication use. MTUS and ACOEM Guidelines do not discuss this medication, but ODG Guidelines states, "Not recommended for nausea and vomiting secondary to chronic opioid use." None of the reports reviewed from year 2012 and 2013 provide any GI problems that this patient is suffering from. None of the reports discuss why this patient is prescribed Zofran. The treater's report from 06/12/2012 does indicate that the patient is provided with omeprazole to be used for any stomach upset. However, this discussion appears to be a generic discussion for all the medications that the treating physician is providing and does not appear to be specific to the patient. There are no subjective complaints of GI issues in any of the reports reviewed. Recommendation is for denial.

**Omeprazole delayed-release capsules 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with chronic low back, knee, and upper extremity symptoms. Patient is on a list of medications that include naproxen, cyclobenzaprine, Zofran, omeprazole, Medrox patch, and tramadol. However, none of the reports reviewed from 06/12/2012 to 08/14/2013 show any GI complications or GI risk assessment. MTUS Guidelines page 69 states to determine the patient's risk for GI event such as age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, anticoagulants, or high-dose multiple NSAIDS. In this patient, none of this information is provided. Report on 06/12/2012 indicates that the omeprazole is to be used for stomach upset. However, there is no documentation that this patient has any issues with her stomach. Recommendation is for denial.

**Medrox Patch #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 Chronic pain Page(s): 111.

**Decision rationale:** This patient presents with chronic low back, knee, and upper extremity symptoms. The treating physician is prescribing Medrox patch which contains lidocaine 4%. Unfortunately, despite review of reports from 06/12/2012 to 08/14/2013, there is not a single mention in the subjective complaints or treatment discussion as to how this patch is used, how effectively and with what pain and functional improvements. MTUS Guidelines page 60 and 61 states that for medications, use for chronic pain should provide "a record pain and function with the medication" provided. In this case, the treating physician does not mention anything about the patient's pain assessment or functional improvement with use of Medrox patch, where it is used, how often, and with what results. MTUS Guidelines do support use of lidocaine patches for neuropathic pain and localized peripheral pain. However, in this patient, given the lack of any documentation regarding its efficacy, recommendation is for denial.