

<b>Case Number:</b>	CM13-0020871		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/16/2010
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	08/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 and is licensed to practice in Oklahoma and Texas. 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 patient is a 43-year-old male who reported an injury on 08/16/2010 due to cumulative trauma while performing normal job duties. The patient underwent a right lateral epicondyle release and right thumb surgery. The patient developed postsurgical chronic pain that was managed with medications to include Naproxen, Gabapentin, Protonix, Fexmid and Tramadol. The patient's physical findings included a negative Tinel's sign of the right elbow, mildly diminished grip strength with some temperature differences of the right arm. The patient's medication usage was monitored for compliance with urine drug screens. The patient's diagnoses included right tennis elbow and status post right elbow surgery with no improvement and possible ulnar tunnel nerve syndrome. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium #90:** 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, Chronic Pain and NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 60 & 67.

**Decision rationale:** The clinical documentation submitted for review provides evidence that the patient has been on this medication, and that this patient has been on this medication for an extended duration of time. The Chronic Pain Guidelines recommend the continued use of medications be supported by documentation of functional benefit and a quantitative assessment of symptom response to support the efficacy of the requested medication. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in functional capabilities, or any evidence of pain relief resulting from medication usage. Therefore, the continued use would not be supported. As such, the requested Naproxen Sodium #90 is not medically necessary or appropriate.

**Gabapentin #90:** 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, Chronic Pain and Antiepilepsy drugs (AEDs Page(s): 60 & 16.

**Decision rationale:** The clinical documentation submitted for review provides evidence that the patient has been on this medication, and that this patient has been on this medication for an extended duration of time. The Chronic Pain Guidelines recommend that the continued use of medications be supported by documentation of functional benefit and a quantitative assessment of symptom response to support the efficacy of the requested medication. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant change in functional capabilities or any evidence of pain relief resulting from medication usage. Therefore, the continued use would not be supported. As such, the requested Gabapentin #90 is not medically necessary or appropriate.

**Protonix #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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Chronic Pain Guidelines recommend the use of Protonix as a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances due to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system that would support the need for gastrointestinal protectant. As such, the requested Protonix #60 is not medically necessary or appropriate.

**Tramadol #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 Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review provides evidence that the patient has been on this medication for an extended duration of time. The Chronic Pain Guidelines recommend that opioids in the management of a patient's chronic pain be supported by a quantitative pain assessment, documentation of functional benefit, managed side effects, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient is monitored for compliance to the prescribed medication schedule. However, the clinical documentation did not include a quantitative assessment of pain relief to support the continued use of this medication. Additionally, there is no documentation of functional benefit as it relates to medication usage. Therefore, the continued use of tramadol #60 would not be indicated. As such, the requested tramadol #60 is not medically necessary or appropriate.

**Fexmid #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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The Chronic Pain Guidelines do not recommend the extended use of muscle relaxants. Additionally, the clinical documentation does not provide any functional benefit or symptom response related to this medication to support extending treatment beyond guideline recommendations. As such, the requested Fexmid #60 is not medically necessary or appropriate.