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| <b>Case Number:</b>   | CM13-0030088 |                              |            |
| <b>Date Assigned:</b> | 11/27/2013   | <b>Date of Injury:</b>       | 01/28/2008 |
| <b>Decision Date:</b> | 01/28/2014   | <b>UR Denial Date:</b>       | 08/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2013 |

### 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 patient is a 38-year-old female who was injured on 01/28/08. Clinical records for review include an August 13, 2013 assessment by the requesting physician stating a recent a urine drug screen indicated no findings of Tramadol, which he states is consistent with her prior assessment that she had "run out of" the medication. He stated that she is using her medications safely and appropriately at this time, and gave no documented physical examination findings or diagnoses. A previous assessment on 07/30/13 indicated follow-up of surgeries for her hand deformity, stating she was awaiting process for ring and small finger correction, with clinical findings showing the hand to be with obvious deformity at the ring and small digit and with previous index and long finger correction having occurred. There was restricted range of motion and no other acute findings. The claimant was given a diagnosis of left wrist capsulitis with possible torn triangular fibrocartilage complex, status post prior rotator cuff repair and distal clavicle excision with subacromial decompression to the left shoulder. She was secondarily given diagnoses of depression, anxiety, and insomnia. The left wrist was given a diagnosis of status post arthroscopic debridement with possible carpal tunnel syndrome and overuse syndrome. It stated she was referred back to [REDACTED] at [REDACTED] for surgical correction of the fourth and fifth digit. The plan at that time, however, was for continued use of medications in the form of Phentermine, Tramadol, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phentermine 37.5mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Phentermine". The American Society of Health-System Pharmacists. April 2011.

**Decision rationale:** California MTUS Guidelines and Official Disability Guidelines are silent regarding use of Phentermine. When looking at clinical literature review, the use of this agent is for exogenous obesity as an adjunct to exercise, behavior modifications, and caloric work restriction. It is typically recommended for only "short-term management" of the condition. Recommendation for use in this case cannot be supported, as the claimant's current diagnosis of obesity is not given, nor there is indication of other concurrent forms of treatment for exogenous obesity. The lack of clear documentation of this diagnosis and its relation to the claimant's work-related complaint would fail to necessitate the role of this agent at present.

**Tramadol 150mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids - Tramadol Page(s): 75, 80-84, 91-94.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, continued role of Tramadol in this case also would not be indicated. The use of Tramadol for chronic low back complaints is not demonstrated to be with efficacy beyond 16 weeks of use. In this case, the claimant's apparent pressing issue is that of deformity to the hand, for which no role of opioid medication would currently be indicated. Lack of documentation of the purpose of its use for the claimant's current condition, along with documentation of use for a time period greater than 16 weeks, which is not supported by guideline criteria, would fail to necessitate its continued usage for this claimant.

**Prilosec 20mg, #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 NSAIDs, GI symptoms & cardiovascular risk..

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, Prilosec, a proton pump inhibitor, also would not be indicated for continued use by this individual. Guidelines indicate that risk factors for a gastrointestinal (GI) event need to be understood prior to proceeding with medication management for protective GI function. These risk factors would

include an age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concordant use of aspirin, corticosteroid or anticoagulants, or high dose or multiple NSAID usage. Records fail to demonstrate any of the above criteria for which the claimant would be at risk of a gastrointestinal event. Thus, the continued role of this agent would not be supported by records available for review.