

<b>Case Number:</b>	CM13-0045819		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic thumb, hand, and wrist pain associated with cumulative trauma at work first claimed on December 27, 2011. Thus far, the applicant has been treated with analgesic medications, wrist bracing, right carpal tunnel steroid injection, topical analgesics, electrodiagnostic testing (February 19, 2013) interpreted as negative for radiculopathy, and work restrictions. Notes dated August 19, 2013 and September 20, 2013 suggest that the applicant is not working, and is seeking functional capacity evaluations. It does not appear that the applicant's limitations have been accommodated by the employer. A note dated April 1, 2013, states that the applicant is off of work, on total temporary disability. Medications are renewed. The applicant last worked in February 2013. She has pain with gripping, grasping, and other hand and forearm activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole (Prilosec) are indicated in the treatment of NSAID induced dyspepsia. In this case, however, the documentation on file does not clearly establish the presence of signs or symptoms of dyspepsia, reflux, and/or heartburn for which usage of Omeprazole would be indicated, either NSAID induced or otherwise. Therefore, the request remains non-certified.

**Nabumetone 750mg:** Upheld

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

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

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines suggest that anti-inflammatory medications such as Nabumetone are the traditional first line of treatment for various chronic pain conditions; in this case, however, the applicant's previous response to Nabumetone has not been clearly detailed or described. The limited information on file suggests that the applicant continues to report difficulty performing non work activities of daily living such as gripping, grasping, writing, handling, lifting, etc., and remains off of work, on total temporary disability. The applicant is also very dependent and reliant on various treatments, including medications, acupuncture, physical therapy, etc. All of the above, taken together, imply a lack of functional improvement as defined by the parameters established in MTUS 9792.20f despite ongoing usage of Nabumetone. Therefore, the request is not certified.

**80 Tramadol ER 150mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain brought about as a result of ongoing opioid usage. In this case, however, the applicant does not meet the aforementioned criteria. She is off of work, on total temporary disability. She has failed to return to work. There is no evidence of improved functioning in terms of performance of non work activities of daily living and no evidence of diminished pain scores, either. Therefore, the request for Tramadol, an opioid, remains non-certified.