

<b>Case Number:</b>	CM13-0060622		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 31 year old male with date of injury of 07/03/2010. The listed diagnoses per [REDACTED] dated 07/23/2013 are: 1. Pain in limb 2. Pain in joint, forearm 3. Neuralgia, neuritis and radiculitis, unspecified 4. Status post right wrist arthroscopic with TFC debridement and ulnar shortening osteotomy, 2012 5. Status post hardware removal and removal of loose cartilage, 2012 According to the progress report dated 07/23/2013 by [REDACTED], the patient presents with right arm pain. He rates his pain 8-9/10 on the VAS scale. He describes his pain as constant, throbbing, sharp radiating throughout his right arm. Exacerbating factors include any use his arm. The only alleviating factors are oral pain medications. Physical examination shows right arm has persistent paresthesias and tenderness to palpation. He suffers from neuropathic pain of his right arm. He currently takes Butrans, Norco, Omeprazole, Diclofenac, and Gabapentin. The treater is requesting refills for Omeprazole and Diclofenac

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 OMEPRAXOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk.

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

**Decision rationale:** This patient is status post right wrist surgery from 2012. The treater is requesting a refill for Omeprazole. Review of 295 pages of records show that the patient started taking Omeprazole on 07/23/2013. The treater on the other hand, does not document any GI issues or any adverse side effects from NSAID use. MTUS Guidelines page 58 and 59 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events; (1) age is greater than 65 years, (2) history of peptic ulcer or GI bleed or perforation, (3) concurrent use of ASA or corticosteroids and/or anticoagulant, (4) high dose multiple NSAIDs. In this case, there is no documentation of any adverse side effects from the use of NSAIDs, no history of GI risk factors, no GI risk assessment. Therefore, recommendation is for denial.

**60 DICLOFENAC 100MG:** 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 NSAID's, Medication for chronic pain Page(s): 60, 61, 67, and 68.

**Decision rationale:** This patient is status post right wrist surgery from 2012. The treater is requesting a refill for Diclofenac an NSAID. Review of reports from 01/03/2013 to 11/14/2013 shows that the patient has been taking Diclofenac since 07/23/2013. MTUS guidelines pages 60 and 61 require evaluation of the effect of pain relief in relationship to improvements in function and increased activity when using medications for chronic pain. MTUS pages 67 and 68 on neuropathic pain states "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis." In this patient, since starting the medication from 7/23/13, there is documentation that this medication has done anything in terms of pain and function. Without some documentation regarding medication efficacy, on-going use of this medication cannot be recommended. Recommendation is for denial.