

<b>Case Number:</b>	CM13-0064205		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 46-year-old female who reported an injury on 02/01/2013 due to repetitive trauma while performing normal job duties. The patient reportedly developed left hand and wrist pain. The patient was initially treated with non-steroidal anti-inflammatory drugs, wrist brace, and a sling. The patient's most recent clinical documentation reported that the patient had persistent left wrist, hand, elbow, neck, and shoulder complaints with low back pain radiating into the lower extremity. Physical findings included decreased grip strength with swelling of the left hand and tenderness of the left elbow. The patient had restricted range of motion of the left shoulder with positive acromioclavicular crepitus. The patient was noted to have left-sided sacroiliac joint tenderness, coccyx tenderness, and decreased lumbar range of motion. The patient's medications included omeprazole, gabapentin, Anaprox, Flexeril, and Valium. The patient's diagnoses included hand sprain/strain, elbow and forearm sprain/strain, wrist sprain/strain, and shoulder sprain/strain. The patient's treatment plan included continuation of medications and referral to an orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 40MG #30:** Upheld

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

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

**Decision rationale:** The requested 30 omeprazole 40 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a gastrointestinal protectant for patients who are at risk for developing gastrointestinal events related to medication usage. The patient's clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Although the patient has been on this medication since at least 02/2013, continued use would not be supported. As such, the requested 30 omeprazole 40 mg is not medically necessary or appropriate.

**GABAPENTIN 300MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 60, 16.

**Decision rationale:** The requested gabapentin 300 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend anticonvulsants as a first line treatment in the management of chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 06/2013. The California Medical Treatment Utilization Schedule recommends continued use of medications in the management of chronic pain be supported by documentation of pain relief and functional benefit. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief related to this medication to support continued use. As such, the requested 60 gabapentin 300 mg is not medically necessary or appropriate.

**FLEXERIL 10MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested 60 Flexeril 10 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants for the management of chronic pain. California Medical Treatment Utilization Schedule recommends short durations of treatment not to exceed 2 to 3 weeks. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 06/2013. Without documentation of functional benefit or pain relief, there is no support to extend treatment beyond guideline recommendations. As such, the requested 60 Flexeril 10 mg is not medically necessary or appropriate.

**VALIUM 5MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested 30 Valium 5 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the extended use of benzodiazepines beyond 3 to 4 weeks of treatment due to a high risk of physiological and psychological dependence. The clinical documentation submitted for review does provide evidence that the patient has been on this medication since at least 06/2013. As the patient has already exceeded the recommended duration of treatment, exceptional factors would be needed to support extending treatment beyond guideline recommendations. As such, the requested 30 Valium 5 mg is not medically necessary or appropriate.