

<b>Case Number:</b>	CM14-0004403		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/27/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2014

### 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 female with a date of injury of 12/27/2011. The listed diagnoses per [REDACTED] are: 1. Right hand tendonitis. 2. Right wrist first dorsal compartment, stenosing tenosynovitis de Quervain's. According to report 11/11/2013 by [REDACTED], the patient presents with upper extremity complaints. The patient is complaining of right-sided hand and thumb pain. The patient reports difficulty with her grip strength. The patient is currently taking prescribed medication and anti-inflammatory agents, but cannot recall the names of these. On initial evaluation 04/12/2013 [REDACTED] reported patient complained of right wrist, hand and thumb pain. Regarding medication, it was noted that "the patient is currently taking prescribed pain medication and anti-inflammatory agents, but cannot recall the names of these." The request is for omeprazole 20 mg, nabumetone 750 mg, Terocin patches, and tramadol extended release 150 mg. Utilization review 01/03/2014 denied the requests based on lack of information. Review of reports from 04/12/2013, 05/03/2013, 06/04/2013, 09/25/2013, and 11/11/2013 by [REDACTED] provide no discussion regarding the requested medications. There are progress reports by previous treating physician, [REDACTED], from 12/03/2012 to 03/18/2013. Only two reports indicate the patient has been taking Naprosyn. No other discussion regarding medication is provided. There is no list of current medication being prescribed or request for authorization for any medications.

### 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 NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 69.

**Decision rationale:** The request is for omeprazole 20 mg. Review of medical records show this patient presents with continued upper extremity complaints. Multiple progress reports were reviewed and none of them provide any discussion regarding the prescription omeprazole or any GI symptoms in this patient. Review of the medical file indicates the patient has been taking anti-inflammatories since 2012 but no GI assessment is provided. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. Therefore, the request is not medically necessary.

**NABUMETONE 750 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI INFLAMMATORY AGENTS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, Page(s): 60-61.

**Decision rationale:** This patient presents with continued upper extremity complaints and treating physician is requesting Nabumetone 750mg. The medical file indicates the patient has been taking anti-inflammatories since 12/03/2012. For antiinflammatory medication, the MTUS Guidelines page 22 states antiinflammatories are the traditional line of treatment to reduce pain so activity of functional restoration can resume, but long term use may not be warranted. MTUS further states on page 60 that for medications for chronic pain, pain assessment, and functional level should be documented as related to medication use. In this case, the treating physician does not discuss at anytime the efficacy of using NSAIDs. There are no prescription information regarding dosage or whether or not the patient is actually taking this medication with what effect. Given the lack of documentation, Nabumetone is not medically necessary.

**TEROCIN PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN, Page(s): 111.

**Decision rationale:** This patient presents with continued upper extremity complaints. The request is for Terocin patches. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." This patient does not present with any neuropathic pain for which this medication is indicated for. The request is not medically necessary.

**TRAMADOL - EXTENDED RELEASE 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 133.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain:Criteria For Use Of Opioids:Opioids Page(s): 60,61,88-89; 80-81. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MEDICATIONS FOR CHRONIC PAIN, CRITERIA FOR USE OF OPIOIDS, OPIOIDS FOR CHRONIC PAIN, 60-61, 88-89, 80-81

**Decision rationale:** This patient presents with continued upper extremity complaints. The treating physician is requesting tramadol extended release 150 mg. Review of the medical file showed patient has been taking anti-inflammatories since 2012. There is no indication in the reports from 12/02/2013 to 11/11/2013 that the patient had been prescribed any opioids including Tramadol. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. MTUS also recommends using least amount possible and then to titrate depending on patient's response. In this case, Tramadol ER 150mg is a rather high dose to start when the patient can be started with 50mg to check for efficacy and side effects. The treating physician also does not provide the patient's functional base-line. Therefore, the request is not medically necessary.