

<b>Case Number:</b>	CM14-0007926		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/15/2002
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 53-year-old male who has submitted a claim for left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis, left upper extremity neuropathy associated with an industrial injury date of October 3, 2011. The medical records from 2013 were reviewed which revealed constant pain of the left hand rated 6/10. Pain radiated to the right arm and right thumb with associated numbness and tingling sensation. Pain increased at night and during the day. Physical examination of the right elbow and forearm showed mild inflammation and tenderness of the medial epicondyle. Cubital Tinel sign was positive. Left wrist/hand examination showed mild inflammation and tenderness of the dorsal aspect of the wrist joint. Carpal Tinel, Phalen and Finkelstein tests were negative. Treatment to date has included intake of Naproxen 500 mg. The previous utilization review was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 CAPSULES OF COSAMIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** As stated on page 50 of CA MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine and Chondroitin Sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. In this case, patient was prescribed Cosamin, brand name of Glucosamine and Chondroitin Sulfate. Medical records showed that his pain was mostly neuropathic in nature rather than arthritic. Furthermore, there was no mention of knee osteoarthritis. Medical necessity of this medication was not established. Therefore, the request for 60 capsules of Cosamin is not medically necessary.

**30 CAPSULES OF OMEPRAZOLE 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.20 - 9792.26, NSAIDs, GI symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use for omeprazole. Medical records do not indicate that the patient has risk factors for any gastrointestinal events. Furthermore, there is no evidence that patient is currently on multiple NSAIDs. Guidelines have not been met. Therefore, the request for 30 capsules of Omeprazole 20 mg is not medically necessary.

**30 CAPSULES OF CELEBREX 200MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, 9792.24.2, NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, patient was given Naproxen 550 mg/tab since at least 8/22/13. However, benefit from the said medication was not reported in the medical records. Furthermore, there is no discussion in the medical records concerning the need for additional NSAID. Therefore, the request for 30 capsules of Celebrex 200 mg is not medically necessary.