

<b>Case Number:</b>	CM14-0113451		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/16/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 55 year old woman with a date of injury of 4/16/08. She was seen by her provider on 5/14/14 with complaints of persistent pain in her left index finger. Her physical exam showed left elbow range of motion from 0 to 130 degrees with full pronation and supination. She was able to extend her thumb, abduct her index finger and oppose her thumb and little finger. Sensation was intact. Her diagnoses were bilateral carpal tunnel syndrome, bilateral de Quervain's syndromes status post first dorsal compartment release of left hand and left index volar ganglion cyst. Her Ultracet was renewed and is at issue in this review. It had been prescribed at least since 2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37-325 1 PO 6 PRN Pain with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Weaning of Medications, Acetaminophen (APAP) Pa.

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

**Decision rationale:** Tramadol / APAP are a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional

status or side effects to medically justify ongoing use of Ultracet and the prescription has been for at least three months, beyond the recommended length of prescription.

**Prilosec 20mg 1 daily #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This worker has chronic left finger pain. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Prilosec.