

<b>Case Number:</b>	CM14-0116501		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 09/11/2008. The mechanism of injury was not provided for clinical review. The diagnoses include right elbow sprain/strain, right cubital tunnel syndrome, right lateral epicondylitis, and right carpal tunnel syndrome. The previous treatments included medication and injections. Within the clinical note dated 06/25/2014, it was reported the injured worker complained of low back pain, which he rated 9/10 in severity. He complained of cervical spine pain rated 8/10 to 9/10 in severity. The injured worker complained of lumbosacral pain rated 6/10 to 7/10 in severity. Upon physical examination, the provider noted the injured worker had right elbow tenderness. The lumbar spine was noted to be unchanged. The clinical documentation for the physical examination was largely illegible. The provider requested for Norco, Prilosec, and Mentherm ointment. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (Proton Pump Inhibitor) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia for NSAID use is noted to include stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The documentation submitted did not indicate the injured worker had a history of peptic ulcer, gastrointestinal bleed, or perforation. There is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**Mentherm Ointment unknown strength and quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topical Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Methoderm ointment unknown strength and quantity is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the strength and quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013 which exceeds the guideline's recommendation of short-term use. Therefore, the request for Methoderm ointment unknown strength and quantity is not medically necessary.