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| <b>Case Number:</b>   | CM14-0123180 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 09/27/2011 |
| <b>Decision Date:</b> | 10/03/2014   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 Family Medicine; 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:

This is a 39-year-old female with a 9/27/11 date of injury; the mechanism of the injury was not described. The progress note dated 1/15/13 stated that the patient was prescribed Prilosec due to her gastric irritation with the Naprosyn use. The patient was seen on 4/22/14 for the orthopedic evaluation. The patient complained of continued pain in the hands, wrists, and forearms. She also complained of pain in the left thumb exacerbated with gripping/grasping. Exam findings of the hands revealed tenderness over the left first dorsal compartment, positive Finkelstein's test and intact sensation over the volar aspect of all ten digits. The patient was using Naprosyn, Prilosec and Ultracin lotion. The diagnosis is bilateral carpal tunnel syndrome, left de Quervain's tenosynovitis, and bilateral upper extremity overuse syndrome. Treatment to date: work restrictions and medications. An adverse determination was received on 7/24/14. The request for Prilosec 20 mg was denied due to a lack of documentation indicating that the patient had gastrointestinal symptoms for which Prilosec would be indicated. The request for Ultracin lotion was denied due to no indication that the patient was intolerant to other treatments or nonresponsive to other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg 1 qd #30 with two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, GI symptoms & cardiovascular. Decision based on Non-MTUS Citation Laine, 2006; Scholmerich, 2006; Nielsen, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): (Page 68). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors X FDA (Prilosec)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, Gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The progress note dated 1/15/13 stated that the patient was prescribed Prilosec due to her gastric irritation with the Naprosyn use. However, there is a lack of documentation with subjective or objective gains with the treatment. In addition, the patient was using Prilosec for over a year and the guidelines do not recommend long-term treatment with this medication. Therefore, the request for Prilosec 20 mg 1 qd #30 with two (2) refills was not medically necessary.

**Ultracin lotion ap bid-tid 120 grams #1 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

**Decision rationale:** Ultracin lotion consists of menthol 10%, menthyl salicylate 28%, and capsaicin 0.025%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no rationale with regards to the Ultracin lotion use and the area of the application was not specified in the request. In addition, it is not clear for how long the patient was using the lotion and there is a lack of documentation indicating subjective or objective gains from the treatment. Therefore, the request for Ultracin lotion ap Twice per day-Three Times per day 120 grams #1 with two (2) refills is not medically necessary.