

<b>Case Number:</b>	CM14-0143589		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, 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:

This patient is a 47 year old male with an injury date of 8/29/12. No primary PR2 was submitted with the treatment request. Based on the 7/07/14 secondary treating physician's progress report by [REDACTED], this patient continues to have "numbness and tingling, however, he also states that he has pain in all his joints, his fingers with stiffness of his hands, especially in the morning." Exam of this patient reveals: 1. Positive Tinel's sign, bilateral wrists. 2. The Phalen's test is positive. 3. Median nerve compression test is positive. 4. There is also tenderness to palpation over the interphalangeal joints of all the digits. Diagnoses: 1. Bilateral carpal tunnel syndrome. 2. Bilateral knee patellofemoral joint chondromalacia. The utilization review being challenged is dated 8/12/14. The request is for Naproxen 550 mg and Prilosec 20mg; both were deemed medically unnecessary by peer review because: "No frequency and no # of pills provided by MD office." The requesting provider is [REDACTED] and he has provided various reports from 2/12/14 to 7/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; medication for chronic pain Page(s): 67-68; 60.

**Decision rationale:** This patient presents with numbness and tingling in bilateral wrists, pain in all his joints, and stiffness of hands, especially in the morning. The treater requests Naproxen 550mg. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Furthermore, MTUS requires recording of pain and function when medications are used for chronic pain. According to the 7/07/14 progress report, the treater prescribed Naproxen and Prilosec, given the pain in the joints is "not related to carpal tunnel syndrome and could be most probably secondary to capsulitis or early arthritic changes." However, the treater does not document in any way, how this medication is helping this patient's pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the Naproxen 550mg is not medically necessary and appropriate.

**Prilosec 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:** This patient presents with numbness and tingling in bilateral wrists, pain in all his joints, and stiffness of hands, especially in the morning. The treater requests Prilosec 20mg. Regarding PPI's, MTUS page 69 support prophylactic use with NSAIDs for age >65, history of PUD, bleeding ulcers; concurrent use of ASA, high dose/multiple use of NSAIDs, anticoagulants. According to the 7/07/14 progress report, the treater prescribed Naproxen and Prilosec, given the pain in the joints is "not related to carpal tunnel syndrome and could be most probably secondary to capsulitis or early arthritic changes." The treater has prescribed this medication for prophylactic use but there is no discussion regarding GI assessment or risk assessment as required by MTUS. There is no documentation of GI issues such as GERD, gastritis or other issues that require this medication. Therefore, the Prilosec 20mg is not medically necessary and appropriate.