

<b>Case Number:</b>	CM14-0150210		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/01/2004
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Orthopedic Surgery 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 claimant is a 25-year-old gentleman who fell on an outstretched left hand at work on August 1, 2014, and sustained a left wrist scaphoid fracture. Review of the operative report dated August 8, 2014 revealed a diagnosis of left wrist scaphoid fracture for which open reduction and internal fixation of the fracture with bone grafting and placement of a thumb spica splint was performed. The medical records included a prescription dated August 15, 2014 for continued use of medications to include Naprosyn, omeprazole, Zofran, and two topical compounding creams. The records provided for review did not contain any pertinent information in regards to this claimant's treatment. He remains immobilized following his recent surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** California MTUS Chronic Pain Guidelines would support the use of Naprosyn for this claimant. At the time of the request, the claimant was still in the acute stages

of postoperative care. The use of short acting nonsteroidal medication would be a benefit both from an inflammation and pain perspective. The request for Naprosyn would be supported as medically necessary.

**Omeprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the use of omeprazole. Omeprazole is a protective gastrointestinal medication for individuals with gastritis. According to the Chronic Pain Guidelines Omeprazole is recommended for use if there's documentation of a significant risk factor for gastritis. Risk factors for gastrointestinal events per the guideline criteria include: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal 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 medical records do not identify any gastrointestinal risk factors for this claimant for the need of omeprazole. The continued use of this proton pump inhibitor is not medically necessary.

**Ondansetron 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: pain procedure - Antiemetics (for opioid nausea)

**Decision rationale:** California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the use of Ondansetron is not recommended as medically necessary. The request for the agent was made in the subacute setting of the claimant's wrist surgery. There is no clinical documentation of nausea in the postoperative setting. Typically, when used in the perioperative setting, this medication is utilized within the first few days of the surgery. There is no documentation that the claimant has nausea. Therefore, the request for Ondansetron 4mg is not medically necessary.

**Terocin pain patches 30 day supply:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Guidelines do not recommend the use of the topical compound Terocin. It contains amongst other agents, lidocaine. According to the Chronic Pain Guidelines, Lidocaine in the topical setting is only used as a second line agent for neuropathic pain and discomfort. There is no documentation that the claimant has neuropathic pain or a neuropathic pain diagnosis. There would thus be no indication for the use of topical lidocaine Terocin particularly in an individual who is immobilized following recent surgery. Therefore, Terocin pain patches 30 day supply is not medically necessary.

**Enovarx-Ibuprofen cream 10% 30 day supply:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Guidelines do not recommend the use of Enovarx-Ibuprofen cream, a topical nonsteroidal compound. In regards to the use of nonsteroidals in the topical setting the Chronic Pain Guidelines indicate there is some benefit with diclofenac. It is typically however only indicated for the relief of osteoarthritic pain in joints that lend themselves to topical treatment. This individual has no diagnosis of osteoarthritis. Presently the only topical nonsteroidal agent that is FDA-approved is diclofenac. Therefore, the request for Enovarx-Ibuprofen cream is not medically necessary.