

<b>Case Number:</b>	CM14-0164384		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/02/1999
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Preventive 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:

According to the records made available for review, this is a 52-year-old female with an 11/2/99 date of injury. At the time (9/8/14) of the Decision for lab studies including CBC, BMP, urinalysis and liver functions; 60 Orudis 7.5mg; and 60 Prilosec 20mg, there is documentation of subjective (multiple upper extremity injuries, continued improvement following a recent injection) and objective (none specified) findings, current diagnoses (status post right first dorsal compartment release, status post right and left carpal tunnel release, status post debridement of the right flexor carpi radialis tendon and release of the right flexor carpi radialis tunnel, and status post right thumb basal joint excisional arthroplasty), and treatment to date (medication including ongoing use of Orudis). Regarding lab studies including CBC, BMP, urinalysis and liver functions, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Regarding 60 Orudis 7.5mg, there is no documentation of chronic pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Orudis use to date. Regarding 60 Prilosec 20mg, there is no documentation of risk for gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab studies including CBC, BMP, urinalysis and liver functions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests ([http://www.healthcarecompliance.info/med\\_nec.htm](http://www.healthcarecompliance.info/med_nec.htm))

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of status post right first dorsal compartment release, status post right and left carpal tunnel release, status post debridement of the right flexor carpi radialis tendon and release of the right flexor carpi radialis tunnel, and status post right thumb basal joint excisional arthroplasty. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for lab studies including CBC, BMP, urinalysis and liver functions is not medically necessary.

**60 Orudis 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post right first dorsal compartment release, status post right and left carpal tunnel release, status post debridement of the right flexor carpi radialis tendon and release of the right flexor carpi radialis tunnel, and status post right thumb basal joint excisional arthroplasty. However, there is no documentation of chronic pain. In addition, given documentation of ongoing treatment with Orudis, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Orudis use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 Orudis 7.5mg is not medically necessary.

**60 Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of status post right first dorsal compartment release, status post right and left carpal tunnel release, status post debridement of the right flexor carpi radialis tendon and release of the right flexor carpi radialis tunnel, and status post right thumb basal joint excisional arthroplasty. However, despite documentation of treatment with NSAIDs, there is no documentation of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for 60 Prilosec 20mg is not medically necessary.