

<b>Case Number:</b>	CM14-0175833		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 injured worker is a 39-year-old female who reported injury on 06/26/2013. Mechanism of injury is due to repetitive use of her hands doing her daily work duties. The injured worker has diagnoses of de Quervain's tenosynovitis, wrist sprain/strain, and hypermobility syndrome. Past medical treatment consist of use of a TENS unit, wrist splints, medication therapy, and physical therapy. Medication consists of diclofenac sodium, cyclobenzaprine, and omeprazole. Diagnostics include x-rays and an MRI of the wrists bilaterally. On 09/26/2014, the injured worker complained of left wrist pain, most prominent. Physical examination had it noted that the pain was rated at a 6/10. There was positive bilateral hand numbness. Tenderness to palpation on the left wrist. Medical treatment plan is for the injured worker to continue with the use of splints and with medication therapy. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg #30:** Upheld

**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 (non-steroidal anti-inflammatory drugs) Diclofenac Page(s): 70.

**Decision rationale:** The request for Diclofenac Sodium ER 100mg #30 is not medically necessary. The California MTUS Guidelines indicate that Diclofenac is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, Diclofenac is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Documentation dated 04/02/2014 indicates that the injured worker had been taking diclofenac since at least this time. Long term of diclofenac in people has them at high risk for developing NSAID induced gastric or duodenal ulcers. Additionally, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any functional deficits. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 10/02/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The request Cyclobenzaprine 7.5mg #60 is not medically necessary. The California MTUS Guidelines only recommend Flexeril as an option using a short course of therapy. The effect is greatest in its first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with the treatment for 2 to 3 weeks for symptom improvement with lower back pain and is associated with drowsiness and dizziness. The evidence submitted in the reports noted that the injured worker had been on cyclobenzaprine since at least 09/08/2014, exceeding the recommendations of the MTUS Guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review, to warrant continuation of the medication. Furthermore, the frequency and duration of the medication was not submitted for review. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

**Omeprazole 20mg #60:** 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 PPIs, Omeprazole Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is often supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any dyspepsia or GI problems the injured worker might be having. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of NSAID therapy, or cardiovascular disease. In the absence of the documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.