

<b>Case Number:</b>	CM14-0029690		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 59-year-old male with an injury date of 04/11/05. Based on the 01/30/14 progress report provided by [REDACTED] the patient complains of trauma of the bilateral upper extremities due to repetitive motion. His diagnoses include the following: 1. Bilateral carpal tunnel; 2. Bilateral cubital tunnel; 3. Status post carpal tunnel release; 4. Right ulnar nerve decompression; 5. Thoracic outlet syndrome; 6. Cervical spine strain/ sprain; 7. Bilateral occipital headaches; 8. Thoracic spine strain/sprain; 9. Lumbar spine strain/sprain. [REDACTED] is requesting for the following 1. 150 tablets of Baclofen 20 mg; 2. 60 tablets of Naproxen 500 mg; 3. 150 tablets of Norco 10/325 mg; 4. 30 capsules of Prilosec 40 mg. The utilization review determination being challenged is dated 02/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/01/13- 02/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **150 TABLETS OF BACLOFEN 20MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** According to the 01/30/14 report by [REDACTED] the patient presents with trauma of the bilateral upper extremities due to repetitive motion. The request is for 150 tablets of Baclofen 20 mg, which is to be taken times a day. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasms is appropriate but not for long-term. The treater does not indicate that this is to be used for short-term and the prescription is written for #150, or one-month supply at regular daily dosing, therefore this request is not medically necessary.

**60 TABLETS OF NAPROXEN 500MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Medications for chronic pain, pages 22; 60 - 61.

**Decision rationale:** According to the 01/30/14 report by [REDACTED] the patient presents with trauma of the bilateral upper extremities due to repetitive motion. The request is for 60 tablets of Naproxen 500 mg. The 11/07/13 report states that the patient "rates his pain as a 7/10 on the VAS scale with his current level of function being a 5/10. He currently receives approximately 65% relief from his symptoms on his current medication regimen." Review of the reports does not provide any discussion specifically regarding use of naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. The request is not medically necessary.

**150 TABLETS OF NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60, 61, 78, 88, 89.

**Decision rationale:** According to the 01/30/14 report by [REDACTED] the patient presents with trauma of the bilateral upper extremities due to repetitive motion. The request is for 150 tablets of Norco 10/325 mg. The 11/07/13 report states that the patient "rates his pain as a 7/10 on the VAS scale with his current level of function being a 5/10. He currently receives approximately 65% relief from his symptoms on his current medication regimen." The patient has been taking Norco from at least 09/19/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Although a pain scale was provided, there are no discussions

regarding any functional improvement specific to the opiate use, nor do any of the reports discuss significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**30 CAPSULES OF PRILOSEC 40MG:** Overturned

**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 (MTUS pg 69) Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain/ PPI.

**Decision rationale:** According to the 01/30/14 report by [REDACTED] the patient presents with trauma of the bilateral upper extremities due to repetitive motion. The request is for 30 capsules of Prilosec 40 mg. The 09/19/13 report states that the patient "has been having an increase in heartburn, most likely due to his NSAID use." MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater has clearly documented gastrointestinal symptoms for this patient. The request is medically necessary.