

<b>Case Number:</b>	CM14-0033638		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 56 year old female with an injury date on 11/01/2011. Based on the 04/09/2014 handwritten progress report provided by [REDACTED], the diagnoses are myofascial pain syndrome, repetitive strain and sprain (BUE) and bilateral epicondylitis. According to this report, the patient complains of bilateral wrist pain, lateral epicondyle tenderness, decrease sensation at bilateral wrist, decrease range of motion at bilateral wrist, decrease grip strength, and spasm noted at bilateral wrist. The patient's current medications are Naproxen 550 mg, Omeprazole 20mg, and Flexeril 7.5mg. There were no other significant findings noted on this report. [REDACTED] is requesting Naproxen 550mg #100, Gabapentin 600mg #100 and Omeprazole 20mg #100. The utilization review denied the request on 03/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/04/2013 to 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS 60, 61) NSAIDS Page(s): 60-61.

**Decision rationale:** According to the 04/09/2014 report by [REDACTED] this patient presents with bilateral wrist pain. The provider is requesting Naproxen 550mg #100. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A review of the record indicates the use of Naproxen was first noted on the 09/04/2013 report. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. California MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is not a single mention of how this medication has been helpful in any way. Therefore the request is not medically necessary.

**Gabapentin 600mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS pg 18,19)Gabapentin Page(s): 18-19.

**Decision rationale:** According to the 04/092014 report by [REDACTED] this patient presents with bilateral wrist pain. The provider is requesting Gabapentin 600mg #100. The California MTUS Guidelines pages 18 and 19 reveal the following regarding Gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. In this case, medical records do not document numbness and tingling in the neck and upper extremity. The provider does not provide any documentation as to whether the medication is tolerated and beneficial for the patient's symptoms. California MTUS requires, the patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case the patient has been prescribed Gabapentin since 07/018/2013. Subsequent reports dated 10/23/2014, 12/04/2013, and 04/09/2014 have no discussions on how the medication is tolerated and beneficial for the patient's. Given the lack of appropriate assessment, the request is not medically necessary.

**Omeprazole 20mg #100:** Upheld

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

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

**Decision rationale:** According to the 04/092014 report by [REDACTED] this patient presents with bilateral wrist pain. The provider is requesting Omeprazole 20mg #100. The California MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if

used prophylactically for concurrent NSAIDs. California MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. A review of the report does not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. California MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore the request is not medically necessary.