

<b>Case Number:</b>	CM14-0034765		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 patient is a 57-year-old woman who sustained a work-related injury on January 11, 2013. Subsequently she developed back pain. The patient underwent a left carpal tunnel release on April 25, 2013. Per progress report dated January 7, 2014 the patient had received carpal tunnel injections in the bilateral wrists. After 2 weeks of temporary relief, her pain, tingling, and numbness have returned. Her pain continues in both arms and hands, right side greater than left with numbness and tingling. Examination of the bilateral wrists revealed decreased range motion. There is positive bilateral Phalen's test. There is positive bilateral Tinel's test at the wrist. There is hypoesthesia of upper extremities at C6, C7, C8, and T1 level bilaterally. Muscle strength test is 3/5 on the right and 4/5 on the left at wrist flexors, extensor, elbows, and shoulders. There is two-point discrimination of the median nerve bilaterally and there is pain at the distal radial ulnar junction. The patient was diagnosed with cervical spine sprain/strain, possible cervical herniated disc with radiculitis and radiculopathy; lumbar spine sprain/strain; status post left wrist carpal tunnel release with residual; and symptoms of anxiety, depression, and insomnia. The patient's treatment included medication and topical cream refill in the form of Anaprox, Flexeril, Ultracet, and Prilosec. The patient was medically necessary for right hand carpal tunnel release between February 25th and April 11th 2014. As per the progress report dated February 18, 2014, the patient complained of low back and leg pain. Her pain level is stated to be at a 4/10 which goes down to 2/10 with medications. The rest of this report was illegible. The provider requested authorization for Ultracet, Zanaflex, Anaprox, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Ultracet 37.5/325mg (Retrospective request for Date of Service 2/18/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, specific drug list; Opioids, criteria for use; Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition - Chapter: Pain:Opioids, specific drug list - Tramadol/Acetaminophen (Ultracet (R)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. It is not clear from the patient chart that first line pain medications were previously attempted and failed. It was documented that the patient received bilateral injections for carpal tunnel syndrome with good response. Therefore the need for additional pain relief medications is unclear. In addition, there is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of ULTRACET 37.5/325 mg #60 is not medically necessary.

**120 Tablets of Zanaflex 4mg (Retrospective request for Date of Service 2/18/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants, pg. 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain, spasm and no documentation of the patient's objective response to this medication. There is no determination how long the medication will be used. Therefore, the request for Zanaflex 4mg #120 is not medically necessary.

**120 Tablets of Anaprox 550mg (Retrospective request for Date of Service 2/18/14):** 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 NON SELECTIVE NSAIDS Page(s): 72.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAID to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#60 prescription is not medically necessary.

**60 Capsules of Prilosec 20mg (Retrospective request for Date of Service 2/18/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition - Chapter: PainProton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk, pg. 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAID to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#60 prescription is not medically necessary.