

<b>Case Number:</b>	CM14-0040396		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 35-year-old female with a 4/11/13 date of injury. At the time (1/31/14) of request for authorization for Ibuprofen 800 mg #100, Omeprazole 20 mg #60, Tramadol 50 mg #200, and Zolpidem 10 mg #30, there is documentation of subjective (bilateral wrist pain) and objective (positive left Tinel's and Phalen's sign) findings, current diagnoses (overuse syndrome bilateral upper extremity, bilateral elbow medial and lateral epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, and De Quervain's tendinitis), and treatment to date (medications (including ongoing treatment with Ibuprofen, Omeprazole, Tramadol, and Zolpidem)). The medical report identifies that Ambien helps with sleep and without it patient wakes up every hour. Regarding Ibuprofen 800 mg #100, 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 as a result of Ibuprofen use to date. Regarding Omeprazole 20 mg #60, there is no documentation of risk for gastrointestinal event includes (high dose/multiple NSAID). Regarding Tramadol 50 mg #200, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; 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 as a result of Tramadol use to date. Regarding Zolpidem 10 mg #30, there is no documentation of the intention to treat over a short course (less than two to six weeks) 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 as a result of Zolpidem use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The 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. The 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 overuse syndrome bilateral upper extremity, bilateral elbow medial and lateral epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, and De Quervain's tendinitis. In addition, there is documentation of ongoing treatment with Ibuprofen. However, 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 as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800 mg #100 is not medically necessary.

**Omeprazole 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for GI event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The 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. The ODG identifies documentation of risk for GI events, 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

overuse syndrome bilateral upper extremity, bilateral elbow medial and lateral epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, and De Quervain's tendinitis. In addition, there is documentation of ongoing treatment with Ibuprofen, Tramadol, and Omeprazole. However, despite documentation of ongoing treatment with Ibuprofen and Tramadol, there is no documentation of risk for GI event includes (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg #60 is not medically necessary.

**Tramadol 50 mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Page(s): 82-83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, the MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. The 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 overuse syndrome bilateral upper extremity, bilateral elbow medial and lateral epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, and De Quervain's tendinitis. In addition, there is documentation of ongoing treatment with Ibuprofen, Omeprazole, and Tramadol; and Tramadol used as a second line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, 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 as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50 mg #200 is not medically necessary.

**Zolpidem 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment In Workers Compensation, 8th Edition, 2010 Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

**Decision rationale:** The MTUS does not address this issue. The ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The 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 overuse syndrome bilateral upper extremity, bilateral elbow medial and lateral epicondylitis, cubital tunnel syndrome, carpal tunnel syndrome, and De Quervain's tendinitis. In addition, there is documentation of ongoing treatment with Zolpidem. In addition, given documentation that Ambien helps with sleep and without it patient wakes up every hour, there is documentation of insomnia. However, given documentation of records reflecting ongoing treatment with Zolpidem, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, 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 as a result of Zolpidem use to date. Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10 mg #30 is not medically necessary.