

<b>Case Number:</b>	CM14-0051185		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 52-year-old female with a cumulative trauma injury from 2/24/09 - 02/24/10. No mechanism of injury was described. Progress report dated 4/15/14 also describes gastrointestinal irritation and flareup of hemorrhoids and constipation. Report dated 3/10/14 indicates subjective complaints of neck pain, right elbow pain, constipation, stomach pain. Objective findings included painful right shoulder, right elbow and right wrist with restricted range of motion, tenderness in the right first lateral compartment, positive Finkelstein's on the right and positive shoulder depression test. Diagnoses: The patient is status post right carpal tunnel release, right De Quervain's syndrome, first carpometacarpal was arthritis, cervical spine sprain/strain with right extremity adiculopathy, 1-2 mm disk bulge at C5-C6 level, right elbow medial/lateral epicondylitis with mild cubital tunnel syndrome, status post right shoulder arthroscopy, left shoulder sprain/strain, high blood pressure, GI irritation, hemorrhoids with constipation. Request is for: 1. Prilosec 20mg #60 2. Prescription for Tucks Wipes #1 Box 3. Prescription Preparation H, #1 Tube 4. Norco 10/325 #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System,

Gastroesophageal reflux disease (GERD) Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p. (1 reference).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter ODG states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events.

**Decision rationale:** Patient has been complaining about gastric irritation. Progress report dated 03/10/14 indicates stomach pain. There is a prescription for Relafen, which is a Non-steroidal Anti-inflammatory Drug (NSAID). Guidelines support prescriptions of Proton Pump Inhibitors (PPIs) in cases with GI irritation concurrent with NSAID intake. The recommendation is indicated as medically necessary.

### **1 Prescription for Tucks Wipes #1 Box: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA 21 CFR Part 346; Anorectal Drug Product for over-the-counter human use; Final Monograph; Final Rule: Tucks witch hazel hemorrhoidal pad <https://www.drugs.com/drp/tucks-witch-hazel-hemorrhoidal-pad.html>.

**Decision rationale:** CA MTUS and ODG do not specifically address hemorrhoids. Tucks wipes contain witch hazel, which is an astringent. FDA approves this ingredient for anorectal applications. Patient is complaining of hemorrhoid - related symptoms. Medical necessity is indicated for Tucks Wipes Box #1 for local symptomatic relief. The prior adverse determination described that dietary modifications are recommended as a first line option prior to banding however, the request here is for a symptomatic relief of hemorrhoids with the specific pads.

### **1 Prescription Preparation H, #1 Tube: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA 21 CFR Part 346; Anorectal Drug Product for over-the-counter human use; Final Monograph; Final Rule; American Gastroenterological Association medical position statement: Diagnosis and treatment of hemorrhoids. Approved by Clinical Practice Committee on January 8, 2004, and by the AGA Governing Board on February 13, 2004. Gastroenterology Volume 126, Issue 5, Pages 1461-1462, May 2004 [http://www.gastrojournal.org/article/S0016-5085\(04\)00354-3/fulltext](http://www.gastrojournal.org/article/S0016-5085(04)00354-3/fulltext).

**Decision rationale:** Preparation H active ingredients are Phenylephrine HCl, Pramoxine HCl, Witch Hazel, and Hydrocortisone, depending on the type of cream/gel. All ingredients are

approved by the FDA for anorectal applications. Patient is complaining of hemorrhoid - related symptoms. Recommendation is to certify Preparation H. for local symptomatic relief. The prior adverse determination described that dietary modifications are recommended as a first line option prior to banding however, the request here is for a symptomatic relief of hemorrhoids with the topical preparation.

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Norco; Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81.

**Decision rationale:** Per previous utilization review report dated 03/18/2014, patient has been taking Norco since at least 01/2012. Opiates are not supported for long-term use. The attached urine drug screening report contains positive results for marijuana metabolite, which is an illicit substance and has not been discussed as a violation of an opiate agreement. The medical records provided do not clearly indicate symptom improvement or functional gains from this medication. There is a documented decrease in shoulder flexion range of motion from 155 degrees per report dated 12/27/13 to 128 degrees per report of 03/20/14. It is also noted that the patient's urine drug screen was positive for hydromorphone (Dilaudid). This has not been described as part of the medications prescribed. The MTUS guidelines state that narcotics should be from a single treating physician. The documentation does not establish ongoing review of the Four A's of ongoing opiate management. Guideline requirements are not met. This request is not medically necessary.