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| <b>Case Number:</b>   | CM14-0061643 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 02/02/2009 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 Occupational 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 45-year-old male who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of February 2, 2009. Medical records from 2010 to 2014 were reviewed. The patient complained of constant right wrist and right thumb pain rated 5-6/10. Physical examination showed localized tenderness at the base of the right anatomical snuffbox; positive right Phalen's and Finkelstein's test; restricted range of motion of the right wrist; diminished sensation to light touch along the medial border of the right forearm; and right hand grip of 4+/5. The diagnoses were status post right distal radial fracture and subsequent right carpal tunnel release and de Quervain tenolysis; residual right carpal tunnel syndrome; CPRS type I; and chronic myofascial pain syndrome. Treatment plan includes a request for naproxen and Prilosec refill. Treatment to date has included oral and analgesics, home exercises, physical therapy, TENS, carpal tunnel release and de Quervain tenolysis, splinting, and corticosteroid injections. Utilization review from April 29, 2014 denied the request for 1 prescription of Naproxen 550mg #120 because there were no findings of osteoarthritis. There is also no indication that the patient experienced any relief or objective improvement directly ascribed with this medication. The request for 1 prescription of Prilosec 20mg #60 was also denied because no risk factors for gastrointestinal events were documented. There was also no objective evidence that symptoms were secondary to medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Naproxen 550mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDs Page(s): 67.

**Decision rationale:** As stated on page 67 of the MTUS Chronic Pain Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. In this case, the patient has been taking naproxen as far back as January 2014. However, there was no objective evidence of overall pain improvement and functional gains directly attributed to its use. Moreover, the MTUS Chronic Pain Guidelines does not support long-term use of this medication. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary and appropriate.

### **1 Prescription of Prilosec 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the MTUS Chronic Pain Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, there was no evidence of gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The MTUS Chronic Pain Guidelines recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.