

<b>Case Number:</b>	CM14-0073309		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 29-year-old male who reported an injury on 05/07/2012. The mechanism of injury was not stated. Current diagnoses include status post left bicep repair; status post repair of the left ulnar nerve; repair of the left median nerve; provisional repair of the left brachioradialis muscle; provisional repair of the left bicep tendon; repair of the left lateral cutaneous nerve; assistance with a revision of the left brachial artery vein graft; right leg surgical graft site; history of left bicep tendon rupture; gastritis; and insomnia. The injured worker was evaluated on 04/02/2014, with complaints of left hand pain. The physical examination revealed a well healed surgical scar; atrophy of the intrinsic muscles; decreased flexion and extension; decreased ulnar and radial deviation; negative swelling of the elbow; decreased supination and pronation; decreased flexion and extension of the elbow; negative instability; negative Tinel's testing; and decreased sensation to light touch in the lateral calf and foot. Treatment recommendations included continuation of the current medication regimen of Norco 10/325 mg, Butrans 10 mcg, Zantac 150 mg, Neurontin 300 mg, and Ambien 5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg one po bid/prn breakthrough pain #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2013. There is no documentation of objective functional improvement. Therefore, continuation cannot be determined as medically appropriate. As such, the request is not medically necessary.

**Zantac 150 mg one po bid, stomach protection #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to nonselective non-steroidal anti-inflammatory drug (NSAID). There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request is not medically necessary.