

<b>Case Number:</b>	CM14-0074156		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Interventional 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 with an injury date on 8/7/13. Patient complains of right hand and wrist pain with paresthasias per 5/5/14 report. Patient also had some hyperextension of neck at time of injury per 5/5/14 report. Patient is currently doing home stretching exercises, and using a TENS unit per 5/5/14 report. Based on the 5/5/14 progress report provided by [REDACTED] the diagnoses are: 1. Wrist injury fracture s/p surgery with hardware August 2013. 2. Pain in joint, wrist. 3. Myofascial pain. Exam on 5/5/14 showed "no erythema, swelling, hyperesthesia, or allodynia of the right wrist. Right hand grip strength 4/5." [REDACTED] is requesting Omeprazole 20mg #60, Tramadol ER 150mg #30, and Lidopro 4oz #1. The utilization review determination being challenged is dated 5/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/5/14 to 6/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with right hand/wrist pain. The treating physician has asked for Omeprazole 20mg #60 on 5/5/14. The 5/5/14 report states that the patient's "gastric" symptoms are controlled by the Prilosec. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no diagnoses of any GI issues such as GERD, gastritis or PUD. The treating physician does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Given the above the request is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75 and 84 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88,89.

**Decision rationale:** This patient presents with right hand/wrist pain. The treating physician has asked for tramadol ER 150mg #30 on 5/5/14. It is not known how long patient has been taking Tramadol. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of the opiate in discussion. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.

**LidoPro 4oz #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57,111-113.

**Decision rationale:** This patient presents with right hand/wrist pain. The treating physician has asked for lidopro 4oz #1 on 5/5/14. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested topical non-patch form of lidocaine is not indicated per MTUS guidelines. Given the above the request is not medically necessary.