

<b>Case Number:</b>	CM14-0076024		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old employee with date of injury of 8/24/2010. The medical records indicate the patient is undergoing treatment for right hand trigger finger, cervical sprain/strain, rule out radiculopathy; right hand sprain/strain and right shoulder, right elbow and right wrist with tendinitis/bursitis, obesity and hypertension. The subjective complaints include right elbow pain with numbness, tingling and weakness in 4th and 5th digits of right hand; right sided wrist pain and triggering right 3rd digit and difficulties with activities of daily living; painful triggering of right and middle finger noted; tenderness over medial epicondyle right elbow and positive Tinel's sign. The objective findings include C/S- decreased range of motion with spasm, guarding and tenderness, numbness bilateral arms over C6-7 dermatome with pain radiating to bilateral arms over C6 dermatome of L/S with numbness over L5 dermatome. S1 dermatome pain with spasm, guarding and tenderness in the paravertebral muscles of right shoulder with positive impingement sign. Tenderness over lateral epicondyle with pain resisted extension with positive Phalen's. The treatment has consisted of right thumb trigger finger release, right wrist support, PT, Tylenol, Lisinopril, Omeprazole, Neurontin, Relafen, Ultram, Tramadol, Zofran, Levaquin and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #90:** 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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The MTUS states in order to determine if the patient is at risk for GI events, the patients have to be age 65 or greater; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients at intermediate risk for GI events and no cardiovascular disease have a non-selective NSAID with either a Proton Pump Inhibitor (PPI), for example, 20 mg omeprazole daily, or misoprostol (200 g four times daily) or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided establish the patient has reflux diseases but the treating physician has provided no documentation to exceed daily dosing of Prilosec 20mg. As such, the request for Prilosec 20 mg #90 is not medically necessary.

**Relafen 750mg #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): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Relafen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Relafen (Nabumetone) is an NSAID. The MTUS specifies four recommendations regarding NSAID use which are, osteoarthritis (including knee and hip): recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Back pain, acute exacerbations of chronic pain: recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). Back pain, chronic low back pain: recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for LBP suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Neuropathic pain: there is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The treating physician has not provided medical documentation that meets the above criteria for NSAID use. As such the request for Relafen 750 mg #100 is not medically necessary.

**Levaquin 500mg #2:** Upheld

**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 Official Disability Guidelines (ODG) Infectious Disease, Levaquin.

**Decision rationale:** The MTUS is silent concerning Levaquin. The ODG recommends as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). Bone and joint infections include, osteomyelitis, acute; lower respiratory infections include, chronic bronchitis; and lower respiratory infections include, pneumonia (CAP). The treating physician has not provided documentation to meet the ODG guidelines for Levaquin use. As such, the request for Levaquin 500 mg #2 is not medically necessary.

**Zofran 8 mg #5:** 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, opioids Page(s): 15-16, 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

**Decision rationale:** Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. The MTUS states that nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). The patient is taking tramadol. The ODG does not recommend use of antiemetic for nausea and vomiting secondary to chronic opioid use. Additionally, it is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative treatment. As such the request for Zofran 8 mg #5 is not medically indicated.

**Post operative Physical therapy Right hand QTY: 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS guidelines refer to physical medicine guidelines recommend as follows, Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis,

and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Additionally, the ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The treating physician has not provided documentation to meet the MTUS and the ACOEM guidelines for PT. As such, the request for post-operative physical therapy right hand QTY: 12 is not medically indicated.