

<b>Case Number:</b>	CM14-0200634		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 44 year old female with date of injury 05/08/13. The treating physician report dated 09/02/14 (58) indicates that the patient presents with pain affecting her right wrist. Physical examination findings reveal there is swollenness and tenderness at the base of the right thumb and over the right palm. Sensation is slightly diminished in the median nerve distribution on the right. There is a positive Tinel's sign and positive Phalen's test on the left wrist. Prior treatment includes six hand therapy sessions, a wrist splint, and various prescribed medications. The current diagnoses are: 1. Status post right carpal tunnel release 2. Status post right dorsal ganglion excision 3. Compensatory left carpal tunnel syndrome. The utilization review report dated 11/19/14 denied the request for Naproxen, Prilosec, and Methoderm based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel 120g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The current request is for Mentherm gel 120mg. The treating physician indicates that the request should be applied directly up to four times a day. The MTUS Guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are "indicated for peripheral joint arthritis and tendinitis." The treating physician has documented that the injured worker has peripheral joint pain and tendinitis affecting the right wrist and thumb. The treating physician has prescribed this medication since at least 6/10/14. The MTUS guidelines on page 60 require that the physician document pain and function for chronic medication usage. In this case, the treating physician has not provided any documentation indicating that the Mentherm is providing any relief or functional improvement for this injured worker. This request is not medically necessary.

**Omeprazole 20mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-69.

**Decision rationale:** The current request is for Omeprazole 20mg quantity 60. The treating physician indicates that the current request is meant to be taken twice a day. The MTUS Guidelines state omeprazole is "recommended with precautions as indicated below." Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the injured worker is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs. In review of the medical records provided, the injured worker has been prescribed Naproxen since at least 6/10/14. There is no documentation found indicating that the injured worker has any GI disturbances, she is not over age 65 and there is no other risk factors noted to support the usage of a proton pump inhibitor. In this case, the treating physician does not discuss the use of the medication, its efficacy or of GI complications. Therefore, this request is not medically necessary.

**Naproxen 550mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 22, 67-68.

**Decision rationale:** The current request is for Naproxen 550mg quantity 60. The treating physician indicates the current request is to be taken daily with food. MTUS guidelines does recommend NSAIDs, "anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."

In this case, the injured worker has been prescribed the medication since at least 6/10/14. The MTUS guidelines on page 60 require that the physician document pain and function for medications used for chronic pain. There is no documentation that this medication is providing any pain relief or improvement in function. The request for Naproxen is not medically necessary.