

<b>Case Number:</b>	CM14-0208793		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44-year-old male who reported injury on 02/10/2012. The mechanism of injury was not provided. The injured worker underwent an open reduction internal fixation of the right supracondylar humeral and olecranon. Diagnostic studies included a nerve conduction study, an EMG of the right upper extremity which was noncontributory to the request. The mechanism of injury was not provided. The documentation of 07/08/2014 revealed the injured worker's medications included tramadol 50 mg 1 by mouth 3 times a day and naproxen 500 mg 1 by mouth twice a day as well as Prilosec 40 mg 1 by mouth every morning. The documentation of 11/07/2014 revealed the injured worker had pain in the right wrist, elbow and shoulder and was requesting medication refill. The physical examination revealed range of motion of the right elbow was 20 degrees in extension and 90 degrees in flexion. The injured worker had right wrist tenderness with near full range of motion. The diagnoses included right wrist internal derangement, right shoulder internal derangement and status post open reduction internal fixation of the right elbow. The treatment plan included a continuation of medications including tramadol 50 mg 1 by mouth 3 times a day, naproxen 500 mg 1 by mouth twice a day and Prilosec 40 mg 1 by mouth every morning. There was no request for authorization submitted for review. The injured worker was noted to undergo urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 500 mg #60 is not medically necessary.

**Prilosec 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The injured worker was noted to be utilizing the medication for an extended duration of time. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 40 mg #30 is not medically necessary.

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, and objective decrease in pain. The injured worker underwent urine drug screens

to indicate he was being monitored for aberrant drug behavior and was noted to be monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #90 is not medically necessary.