

<b>Case Number:</b>	CM15-0006991		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 53 year old female who suffered a work related injury on 09/01/11. She was diagnosed with ulnar impaction syndrom and undwerwent arthroscopic debridement of the right distal ulnar in October 2012. Per the physician notes from 10/28/14, she complains of clicking at the ulnar aspect of the right wrist and stiffness. The treatment plan includes occupational therapy, dynamic wrist brace, ibuprofen, Ultram, Lidoderm patch and lanzoprazole. She had been on Ultram since at least January 2013 along with Voltaren gel and Protonix. On 12/18/14, the Claims Administrator non-certified Ultram, Voltaren, and lanzoprazole, citing MTUS guidelines, the non-certified treatments were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lanzoprazole 30mg #30 1 po qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** According to the MTUS guidelines, Lanzoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

**Ultram 50mg TID #30 prn pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78, 79-80, 94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with chronic pain, the claimant had been on Tramadol for years. There was no indication of Tylenol or NSAID failure. Long-term use can lead to addiction and tolerance. Pain score responses were not provided for comparison. The continued use of Tramadol (Ultram) as above is not medically necessary.

**Voltaren gel TID to the affected area PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for over a year. There are diminishing effects after 2 weeks. The continued use of Voltaren gel is not medically necessary.