MAXIMUS Federal Services

| Case Number: | CM15-0105330 | | |
|---|---|---|---|
| Date Assigned: | 06/09/2015 | Date of Injury: | 02/26/2013 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented 49-year-old who has filed a chronic hand, wrist, neck, and elbow pain reportedly associated with an industrial injury of February 26, 2013. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for Motrin, Prilosec, Naprosyn, and Flexeril. The claims administrator referenced an April 14, 2015 progress note and associated RFA form of April 17, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant underwent an open carpal tunnel release surgery. In a RFA form dated April 14, 2015, the applicant received refills of Motrin, Prilosec, Naprosyn, and Flexeril. Drug testing was endorsed. In an associated progress note of April 14, 2015, it was stated that the applicant was pending a right carpal tunnel release surgery. Medications were renewed on this date. The applicant did have ancillary complaints of left wrist pain, left wrist paresthesia, and right lateral epicondylitis, it was stated. The applicant's work status was not detailed, although it did not appear that the applicant was working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen (Motrin) 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for ibuprofen, an anti-inflammatory medication, was not medically, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not clearly state whey he was furnishing the applicant with two separate anti-inflammatory medications, Motrin and Naprosyn. Therefore, the request was not medically necessary.

**Omeprazole (Prilosec) 20mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Conversely, the request for omeprazole, a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's who are at heightened risk for adverse gastrointestinal events include those individuals who are using multiple NSAIDs. Here, the applicant was seemingly using multiple NSAIDs, including Motrin and Naprosyn. Prophylactic usage of omeprazole was, thus, indicated here. Therefore, the request was medically necessary.

**Naproxen (Aleve DS, Anaprox DS) 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Conversely, the request for Naprosyn, a second anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the requesting provider did not clearly state why he was furnishing the applicant with two separate anti-inflammatory medications, Naprosyn and Motrin. Therefore, the request was not medically necessary.

**Flexeril (Cyclobenzaprine) 10mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for cyclobenzaprine (Flexeril) was medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, there is also a postoperative usage for cyclobenzaprine or Flexeril. Here, the request in question was initiated on April 14, 2015, i. e., some one week before the applicant subsequently underwent a carpal tunnel release procedure on April 22, 2015. It did appear, thus, the Flexeril (cyclobenzaprine) was intended for postoperative use purposes, i. e. , usage in-line with that suggested on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.