

<b>Case Number:</b>	CM15-0131092		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 43 year old female, who sustained an industrial injury on October 5, 2012. She reported right elbow pain after planting strawberries on a berry farm. The injured worker was diagnosed as having status post repair of right lateral epicondylitis, lumbar strain and overuse syndrome of the left upper extremity. Treatment to date has included diagnostic studies, surgical intervention of the right elbow, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right elbow pain with some radiation of pain from the right elbow into the right hand and wrist with no localized pain, tingling or numbness in the right wrist or hand. She also noted occasional discomfort in the left elbow and lumbar spine. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She underwent right elbow open debridement and repair of the common extensor tendon on July 9, 2013. It was noted she was started on Naprosyn, Norco and Prilosec on December 5, 2013. Evaluation on October 15, 2014, revealed continued right elbow pain with radiating pain to the right wrist and right hand with associated occasional left elbow pain and lumbar spine tenderness. She noted wishing to proceed with conservative care. Evaluation on January 15, 2015, revealed some increased discomfort in the right upper extremity with cold weather. She has not been able to return to work. The physician noted prescribing medications however they were not listed on the document. Home exercises were continued. Magnetic resonance imaging of the lumbar spine, Naprosyn 550 mg #60, Tylenol No. 3 #30 and Prilosec 20 mg # 60 were requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-70.

**Decision rationale:** According to the California (CA) MTUS Guidelines, Naprosyn is a non-steroidal anti-inflammatory drug (NSAID) used short-term to treat signs and symptoms of osteoarthritis. The CA MTUS recommends the use NSAIDs at the lowest dose possible for the shortest period of time to achieve effectiveness for the individual. It was noted in the documentation, Naprosyn was prescribed in 2013. There was no noted improvement in pain or level of function from one visit to the next. In addition, there were no visual analog scales (VAS) to compare pain ratings from one visit to the next. Furthermore, it was unclear how often the medication was intended to be used. For these reasons, the request for Naprosyn 550 mg #60 is not medically necessary.

**Tylenol No. 3 #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California (CA) MTUS Guidelines Tylenol #3 is a combination drug containing Tylenol and the opioid Codeine. The CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Documentation revealed the injured worker was prescribed a different combination opioid starting in 2013. It was indicated in the documentation use of the prescribed combination opioid medication did not decrease the level of pain the injured worker reported. In addition, there was no noted functional improvement or improved pain from one visit to the next. For these reasons, Tylenol No. 3 # 30 is not medically necessary.

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** According to the California (CA) MTUS guidelines, Prilosec, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) use or for individuals at risk for gastrointestinal events with the use of NSAIDs. There were no diagnoses related to gastrointestinal upset secondary to medication use. In addition, there was no specific incident or description of gastrointestinal problems noted in the provided documents. Additionally, there were no noted increased risk factors for gastrointestinal events. For these reasons, Prilosec 20 mg #60 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California (CA) MTUS ACOEM Guidelines note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in individuals who do not respond to treatment and who would consider surgical intervention. Physiologic evidence of nerve dysfunction should be documented before ordering the study. In this case, the documentation did not support or indicate nerve root compromise in the lumbar spine. The symptoms from one visit to the next remained the same and there was no indication of surgical intervention of the lumbar spine. For these reasons, MRI of the lumbar spine is not medically necessary.