

<b>Case Number:</b>	CM15-0133043		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 47-year-old who has filed a claim for chronic elbow, forearm, and wrist pain reportedly associated with an industrial injury of October 27, 2013. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for Norco, Neurontin, Protonix, and Motrin. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of elbow and forearm pain, 6/10. The applicant was on Norco, Motrin, and Protonix, it was reported. The applicant was given a presumptive diagnosis of cubital tunnel syndrome. A cubital tunnel release surgery was sought while Norco, Neurontin, and topical compounded Gabapentin-containing agent were endorsed. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The attending provider contended that the applicant's medications were beneficial in terms of diminishing the applicant's pain scores but did not seemingly elaborate further. On March 23, 2015, the attending provider suggested (but did not clearly state) that Protonix was being employed for cytoprotective effect as opposed to for actual symptoms of reflux. The applicant was on Norco, Motrin, Protonix, and an unspecified topical agent, it was reported. The same, unchanged, 20-pound lifting limitation was endorsed while multiple medications were renewed. Once again, it was not explicitly stated whether the applicant was or was not working at this point, although this did not appear to be the case.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ibuprofen 800mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

**Decision rationale:** No, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant continued to report pain complaints as high as 6/10, it was acknowledged on April 27, 2015, despite ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Norco. A rather proscriptive 20-pound lifting limitation was renewed, seemingly unchanged from visit to visit, despite ongoing usage of ibuprofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

### **Pantoprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for Protonix (pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider seemingly suggested that the applicant was employing pantoprazole for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant's seemingly failure to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of Protonix for cytoprotective effect, which include age greater than 65, evidence that an applicant has a history of peptic ulcer disease and/or prior GI bleeding, and/or evidence that an applicant was using multiple NSAIDs and/or antacids in conjunction with corticosteroids. Here, however, the applicant was only using one NSAID, ibuprofen. The applicant was less than 65 (age 47). The applicant was not seemingly using NSAIDs in conjunction with corticosteroids.

There was no mention of the applicant's having an established history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.

**Gabapentin 300g with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Gabapentin.

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

**Decision rationale:** Similarly, the request for a topical Gabapentin-containing 300-g cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Gabapentin, the primary ingredient in the cream, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Hydrocodone 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Hydrocodone (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with a rather proscriptive 20-pound lifting limitation in place, as suggested above. The applicant continued to report pain complaints as high as 6/10 despite ongoing Norco usage, it was acknowledged on April 27, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.