

<b>Case Number:</b>	CM15-0143076		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California, Hawaii  
 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 53 year old female, who sustained an industrial injury on June 18, 2012. The mechanism of injury was not found in the medical records. The injured worker has been treated for right shoulder and right upper extremity complaints. The diagnoses have included right wrist joint inflammation with triangular fibrocartilage complex tear, major causalgia, complex regional pain syndrome involving the shoulder, elbow, wrist and hand, carpal tunnel syndrome, chronic pain syndrome, sleep disorder and depression. Treatment and evaluation to date has included medications, radiological studies, MRI, bone scan, transcutaneous electrical nerve stimulation unit, physical therapy, psychotherapy, home exercise program, right wrist-hand arthroscopy and a carpal tunnel release. The injured worker currently is not working and was deemed temporarily totally disabled. Current documentation dated June 17, 2015 notes that the injured worker reported persistent pain in the right wrist and elbow with associated swelling, change in temperature and sensation and weakness in the fingers. Examination of the right wrist revealed tenderness and swelling along the dorsum of the wrist. Range of motion was decreased. The injured worker was noted to have weakness and difficulty with grip strength and grasping on the right hand. The treating physician's plan of care included requests for Protonix 20 mg # 60 for stomach upset and Flexeril 7.5 mg # 60 for muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg for upset stomach #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the right wrist and elbow. The current request is for Protonix 20mg for upset stomach #60. The treating physician report dated 6/17/15(29C) states, "We will stop naproxen as she is developing quite a bit of gastritis even with the medications". The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. The medical reports provided show there is documentation of previous NSAID use in the progress report dated 6/17/15 (59C). In this case, there was documentation provided of prior NSAID use as well as an indication that the patient was at risk for gastrointestinal events. Furthermore, while the patient is no longer prescribed an NSAID, the patient has developed gastritis due to other medications. The current request satisfies the MTUS guidelines as outlined on pages 68-69. The current request is medically necessary.

**Flexeril 7.5mg for muscle spasm #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The patient presents with pain affecting the right wrist and elbow. The current request is for Flexeril 7.5mg for muscle spasm #60. The treating physician report dated 6/17/15 (59C) states, "Flexeril 7.5mg (#60) for muscle spasms". MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use". MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 4/3/15 (67C). In this case, the use of the medication is outside the 2-3 weeks recommended by the MTUS guidelines. The current request is not medically necessary.