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| <b>Case Number:</b>   | CM15-0194553 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 07/02/2012 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 48 year old male, who sustained an industrial injury on 7-2-12. The documentation on 9-3-15 noted that the injured worker reports overall improvement of the right, significant anxiety and that he has been biting himself in the left hand. Examination of the upper extremities noted on the right he is doing well much less tenderness over the volar wrist and only moderate tenderness over the right medial elbow. The injured worker has negative impingement sign and on the left there are both healed and opened wound on the left hand with open wounds primarily left index finger. The diagnoses have included status post right ulnar nerve transposition; status post right carpal tunnel release; right shoulder impingement; flexor tenosynovitis and self-mutilation of the left hand. Treatment to date has included stretching and strengthening of the right arm, therapy; voltaren; prilosec; tramadol and injections. The injured workers work status is noted to be temporarily totally disabled. The original utilization review (9-18-15) modified the request for continued post-op occupational therapy 2x6 to post-op occupational therapy 8 sessions. The request for retrospective voltaren 100mg #60; retrospective prilosec 20mg #60 and retrospective tramadol ER 150mg #30 are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued post-op occupational therapy 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of occupational therapy for this patient. The California MTUS Guidelines for physical medicine state that: "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state that practitioners should, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had therapy, but now his physician is requesting an additional series of sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new occupational therapy plan does not demonstrate. Furthermore, there is no clear indication that the patient has garnered, or will garner, any benefit from OT while continued self mutilation is still impeding clinical improvement. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

**Retrospective Voltaren 100mg #60 (unspecified DOS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs). Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDS due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, Voltaren prescription is not medically necessary.

**Retrospective Prilosec 20mg #60 (unspecified DOS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. The medical records fail to document that the patient has been refractory to H2 blocker therapy or that he has an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for prilosec prescription is not medically necessary.

**Retrospective Tramadol ER 150mg #30 (unspecified DOS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has been treated for right shoulder pain and right hand self mutilation for which is currently being treated with multiple medications. The patient is at risk for addiction or self harm due to his current psychiatric disease with self mutilation. Therefore, based on the submitted medical documentation, the request for tramadol is not-medically necessary.