

<b>Case Number:</b>	CM15-0196267		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female, who sustained an industrial injury on 8-1-2013. The injured worker was being treated for a cervical discogenic condition, right medial and lateral epicondylitis, left greater than right ulnar neuritis, bilateral carpal tunnel syndrome, bilateral wrist inflammation with carpometacarpal joint inflammation, bilateral intersection syndrome, and chronic pain. Medical records (6-30-2015) indicate ongoing bilateral wrist and elbow pain with numbness and tingling. The physical exam (6-30-2015) revealed tenderness across both wrists with mild weakness against resistance, tenderness along the medial greater than lateral epicondyle (not to stretch or resisted function), and tenderness along the bilateral carpal tunnel bilaterally with Tinel bilaterally. Medical records (9-15-2015) indicate the injured worker presented for follow-up the neck, left elbow, wrist, and thumb. The physical exam (9-15-2015) revealed tenderness along the cervical spine with positive facet joint and tenderness along the epicondylar surfaces of the wrist joint, base of thumb, and carpal tunnel areas. There was tenderness along the ulnar aspect of the elbow with positive Tinel's. Per the treating physician (9-15-2015 report), an MRI of the neck revealed disc disease at C5-6 (cervical 5-6) and an MRI of the wrist revealed triangular fibrocartilage complex (TFCC) ligament tear bilaterally. Per the treating physician (9-15-2015 report), nerve studies done in 2015 revealed significant findings of the left ulnar nerve and mild right ulnar nerve of the elbow. Treatment has included a wrist injection, a transcutaneous electrical nerve stimulation (TENS) unit, bilateral soft and rigid braces, a hinged elbow brace, a hot and cold wrap, a neck pillow, cervical traction, and medications including pain (Tramadol ER since at least 2-2015), proton pump inhibitor (Protonix

since at least 2-2015), antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory (Naproxen since at least 2-2015). Per the treating physician (9-15-2015 report), the employee has not returned to work. The requested treatments included Naproxen 550mg #60, Tramadol ER 150mg #30, and Protonix 20mg #60. On 9-23-2015, the original utilization review non-certified requests for Naproxen 550mg #60, Tramadol ER 150mg #30, and Protonix 20mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MED RFA 9/15/15 Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 9/15/15. Therefore determination is non-certification. The request is not medically necessary.

#### **MED RFA 9/15/15 Tramadol ER 150mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. There is insufficient evidence in the records of 9/15/15 of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is non-certified. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. (Cepeda, 2006) Similar findings were found in an evaluation of a formulation that combines immediate-release vs. extended release Tramadol. Adverse effects included nausea, constipation, dizziness/vertigo and somnolence. (Burch, 2007) Guidelines recommend ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

**MED RFA 9/15/15 Protonix 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 9/15/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Protonix is not medically necessary and non-certified.