

<b>Case Number:</b>	CM15-0196947		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 51 year old female, who sustained an industrial injury on 9-12-14. Medical records indicate that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome with de Quervain's tenosynovitis, chronic pain syndrome, cervical radiculitis and the concern for cervical radiculopathy. The injured worker was noted to be temporarily totally disabled. On (9-10-15) the injured worker complained of pain in both arms and hands. The injured workers pain scores varied from 3-9 out of 10 on the visual analogue scale. Examination of the neck and upper extremities revealed tenderness to palpation over the carpal tunnels bilaterally and range of motion was reduced in the bilateral hands due to pain. Also noted was allodynia to light touch on the right palmar aspect and dysesthesia on the bilateral palmar aspect, which was worse on the right. Deep tendon reflexes of the upper extremities were diminished. The injured worker denied indigestion and reflux. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI of the cervical spine, stellate ganglion block, physical therapy, right carpal tunnel release (12-17-14) surgery and left hand carpal tunnel release surgery on 4-3-15. Current medications include Tramadol ER, Baclofen, Naproxen and Omeprazole, which have been prescribed since at least December of 2014. The request for authorization dated 9-10-15 included requests for Naproxen 500 mg # 60 with 3 refills, Omeprazole 20 mg # 60 with 3 refills and Oxycodone-acetaminophen 5-325 mg # 60. The Utilization Review documentation dated 9-21-15 non-certified the requests for Naproxen 500 mg # 60 with 3 refills, Omeprazole 20 mg # 60 with 3 refills and Oxycodone-acetaminophen 5-325 mg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP 5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months without significant improvement in pain or function. The claimant's pain range remained varied and up to 7-8/10. Suppression of pain scores with Oxycodone were not noted and the claimant still required invasive procedures such as stellate ganglion blocks to achieve adequate pain control. There was no mention of Tylenol or weaning failure. The continued use of Oxycodone is not medically necessary.

**Omeprazole 20mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS 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, pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was on Omeprazole due to dyspepsia from NSAID use. Prior review of symptoms noted no reflux symptom. In addition, as noted below prolonged use of Naproxen is not recommended. Therefore, the continued use of Omeprazole with 3 refills is not medically necessary.

**Naproxen 500mg #60 with 3 refills: 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:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain score reduction with Naproxen was not noted. Pain control was not adequate since the claimant requires invasive procedures. Continued use of Naproxen is not medically necessary.