

<b>Case Number:</b>	CM15-0202596		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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

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 injured worker is a 54 year old female, who sustained an industrial injury on February 8, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having positive MRI findings per July 2, 2015, enthesopathy of unspecified site, disturbance of skin sensation, pain in joint hand and pain in joint forearm. Treatment to date has included diagnostic studies, medication, injection and right wrist cockup splint. On March 27, 2015, the injured worker complained of right wrist pain rated as a 3 on a 1-10 pain scale with medication, most specifically her naproxen medication. The treatment plan included Prilosec and naproxen medication. On July 2, 2015, an MRI showed high-grade sprains versus less likely partial tearing of both the styloid and foveal attachments in the triangular fibrocartilage complex with overlying soft tissue edematous changes, mild tendinosis of the extensor carpi ulnaris tendon epicenter just distal to the ulnar groove without evidence of tendon tear. There was no evidence for fracture or ganglion cyst formation. On September 15, 2015, the injured worker complained of right wrist pain rated a 2 on a 1-10 pain scale with medication. Physical examination revealed positive Tinel's, Phalen's and Finkelstein's. The injured worker was started on ultracet medication. The treatment plan included naproxen, Prilosec, ultracet, six-week follow-up visit, continuation of right wrist support and continuation of modified work duty for another six weeks. On October 5, 2015, utilization review denied a request for Prilosec 20mg #30 with one refill and Ultracet 37.5-325mg #60. A request for Naproxen 550mg #60 with one refill was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30 with 1 refill:** Upheld

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

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

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. Per the available documentation, Prilosec is prescribed to "protect the muscosal lining", which is not supported by the guidelines. The request for Prilosec 20mg, #30 with 1 refill is not medically necessary.

**Ultracet 37.5/325mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Opioids, specific drug list.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, it is unclear why Ultracet has been prescribed, as there is no indication that the injured worker's pain is not controlled with NSAIDs. The request for Ultracet 37.5/325mg, #60 is not medically necessary.