

<b>Case Number:</b>	CM15-0023360		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/24/2007
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2015

### 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: 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 was a 45 year old female, who sustained an industrial injury, November 24, 2008. The injured worker previously received the following treatments home exercise program, right and left wrist braces, acupuncture, Anaprox, right shoulder x-rays, physical therapy and pain medication. The injured worker was diagnosed with bilateral carpal tunnel syndrome, bilateral wrist strain/sprain, right shoulder strain/sprain, right knee sprain/strain and right ankle strain/sprain. According to progress note of February 6, 2015, the injured workers chief complaint was left wrist and hand pain, stiffness in the neck, left knee and shoulder and numbness along the right hand. The physical exam noted tenderness of the wrists with decreased active range of motion. The treatment plan included prescriptions for Fexmid and Ultram ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Prilosec 20 MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with bilateral wrist pain, right shoulder pain, and right knee and ankle pain. The request is for 30 Prilosec 20mg on 12/10/14. The work status is temporarily totally disabled per 10/27/14 report. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Review of reports does not show any use of Prilosec prior to 10/27/14 report. Per AME report dated 11/12/14, the patient has been diagnosed with acid peptic disease, and the treater indicates that the patient does have stomach pain. No other discussions are provided. There is no mention as to whether or not this medication is helping the patient's GERD, or stomach pain. However, the patient is on Anaprox and prophylactic use of Prilosec would appear appropriate given the patient's history of GERD. The request is medically necessary.

**60 Fexmid 7.5 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with bilateral wrist pain, right shoulder pain, and right knee and ankle pain. The request is for 60 Fexmid 7.5mg on 12/10/14. The work status is temporarily totally disabled per 10/27/14 report. 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. Review of reports does not show any use of Fexmid prior to 10/27/14 and the treater states on this report that Fexmid is for spasms. However, none of the reports specifically document muscle spasms or flare-up. The treater also does not state that this medication is to be used for short-term. MTUS only supports short-term or no more than 2-3 weeks for this medication. The request is not medically necessary.