

<b>Case Number:</b>	CM15-0213676		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	03/27/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Texas, Illinois

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 37 year old female, who sustained an industrial injury on 3-27-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lesion of ulnar nerve of the left upper limb. On 10-16-2015, the injured worker reported neck pain and pain in the bilateral hands and forearms with numbness and tingling on the left hand on the fourth and fifth digits and right hand on the thumb, index, and middle fingers. The Primary Treating Physician's report dated 10-16-2015, noted that Relafen and Gabapentin helped with the pain and function and Protonix caused some "side effects". The injured worker's current medications were noted to include Gabapentin and Nabumetone, both prescribed on 8-21-2015, and Pantoprazole. The treatment plan was noted to include acupuncture, and switch from Protonix to Omeprazole to see if it would be better for the injured worker without side effects, with continuation of the Nabumetone and Gabapentin. The injured worker's work status was noted to be for modified work. The request for authorization dated 10-22-2015, requested Gabapentin 600mg #60, Nabumetone-Relafen 500mg #90, and Omeprazole DR 20mg #30. The Utilization Review (UR) dated 10-29-2015, certified the request for Gabapentin 600mg #60, and non-certified the requests for Nabumetone-Relafen 500mg #90, and Omeprazole DR 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30: 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:** The injured worker sustained a work related injury on 3-27-2015. The medical records provided indicate the diagnosis of rule out cervical disc herniation, rule out carpal tunnel syndrome, right lateral epicondylitis. Treatments have included Gabapentin, Ibuprofen, and protonix. The medical records provided for review do not indicate a medical necessity for Omeprazole DR 20mg #30. Although the MTUS recommends the addition of proton pump inhibitors to the treatment of injured workers at risk of gastrointestinal events when they are being treated with NSAIDs; NSAID use has been determined not to be medically necessary at this time. Therefore, the requested treatment is not medically necessary at this time.

**Nabumetone-Relafen 500mg #90: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The injured worker sustained a work related injury on 3-27-2015. The medical records provided indicate the diagnosis of rule out cervical disc herniation, rule out carpal tunnel syndrome, right lateral epicondylitis. Treatments have included Gabapentin, Ibuprofen, and protonix. The medical records provided for review do not indicate a medical necessity for Nabumetone-Relafen 500mg #90. Nabumetone is a NSAID; the MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The MTUS recommends that individuals on NSAIDs for a prolonged period be monitored for hypertension, blood count, kidney and liver functions due to the associated risks. The medical records indicate the injured worker has been on NSAIDs at least since 04/2015, but without evidence of monitoring. The requested treatment is not medically necessary because the MTUS recommends the NSAIDs only for acute use; besides, the records indicate the injured worker is not being monitored based on the guidelines recommendations.