

<b>Case Number:</b>	CM15-0216609		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 is a 51 year old female, who sustained an industrial injury on 3-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left upper extremity overuse syndrome, history of left forearm impact trauma, left carpal tunnel syndrome, right wrist sprain-strain, right forearm sprain-strain, left wrist sprain-strain, left forearm sprain-strain, rule out left wrist internal derangement, and incidental right carpal tunnel syndrome. On 9-24-2015, the injured worker was reported to have had injuries to her left shoulder, lower back, and left wrist. The Secondary Treating Physician's report dated 9-24-2015, noted the injured worker's current medications included Naproxen, prescribed since at least 11-19-2014, Prilosec, prescribed since at least 11-19-2014, Methoderm ointment, prescribed since at least 11-19-2014, and an "anti-depression medication". The physical examination was noted to show swollen left upper extremity from the elbow down to the fingertips, with positive left Phalen's, Tinel, and compression tests, and pain on wrist extension and flexion. Prior treatments have included physical therapy, and acupuncture. The treatment plan was noted to include a left wrist CT scan and left forearm CT scan, given a TENS unit and wrist immobilizer-spica splint, and medications including "anti-inflammatories, pain medications, and medications to minimize against gastritis". The request for authorization dated 9-24-2015, requested Ibuprofen 800mg #50, Prilosec 20mg #90, and Methoderm 120gm. The Utilization Review (UR) dated 10-9-2015, non-certified the requests for Ibuprofen 800mg #50, Prilosec 20mg #90, and Methoderm 120gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ibuprofen 800mg #50:** 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:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID with Ibuprofen prescribed since at least November 2014 for this chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The Ibuprofen 800mg #50 is not medically necessary and appropriate.

### **Prilosec 20mg #90:** 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 inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant

this medication. The Prilosec 20mg #90 is not medically necessary and appropriate.

**Menthoderm 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral Acetaminophen or other pain relievers for a patient with multiple joint and extremity pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic March 2014 injury without documented functional improvement from treatment already rendered. The Mentoderm 120gm is not medically necessary and appropriate.