

<b>Case Number:</b>	CM15-0043618		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 52-year-old male who reported injury on 03/12/2009. The mechanism of injury was not provided. The injured worker underwent multiple procedures for the right hand. The injured worker underwent an MRI of the cervical spine and right wrist. The injured worker underwent an EMG/NCV of the right upper extremity. The injured worker underwent x-rays of the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrists. There was a Request for Authorization submitted for review dated 02/26/2015. The documentation of 02/20/2015 revealed the injured worker had been utilizing pain medications, modified activity and brace. Prior therapies included medications, physical therapy, injections, bracing and assistive devices. The medications were noted to be helping and were being used on a regular basis. The current medications included Prilosec over the counter, propranolol, sertraline, gabapentin, alprazolam, cyclobenzaprine, Anaprox DS and Ultram ER. Diagnoses included PN carpal tunnel syndrome, PN pronator tunnel, bilateral cubital tunnel syndrome, De Quervain's left and cervical radiculopathy. The treatment plan included a refill of medications. The documentation indicated Anaprox was helping the injured worker with pain relief and inflammation. Omeprazole was being used for GI prophylaxis. The documentation indicated the injured worker was benefiting from the use of the medication, improving the tolerance of other prescribed medications. The cyclobenzaprine was being prescribed to help with spasms. The tramadol was being used for functional restoration and pain relief. The injured worker was to undergo a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Naproxen (Anaprox) 550mg, #60 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was using the medication for pain and inflammation. However, there was a lack of documented efficacy including objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 4 naproxen (Anaprox) 550 mg, #60 1 refill is not medically necessary.

**Omeprazole (Prilosec) 20mg #60 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and it is use for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate risk or higher for gastrointestinal events. The clinical documentation submitted for review indicated the medication was being given as prophylaxis. The documentation indicated that the injured worker had an improved tolerance for other medications with the use of this medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for omeprazole (Prilosec) 20 mg #60 with 2 refills is not medically necessary.

**Tramadol ER 150mg, #30 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review provided documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #30 with 1 refill is not medically necessary.

**Cyclobenzaprine (Flexeril) 7.5mg #60 0 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 Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional benefit. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine (Flexeril) 7.5 mg #60 with 0 refills is not medically necessary.