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| <b>Case Number:</b>   | CM15-0058530 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 02/12/2002 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2015 |

### 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 57-year-old female, who sustained an industrial injury on 2/12/12. She reported numbness, pain and tingling in her hands bilaterally. The injured worker was diagnosed as having right carpal tunnel syndrome, recurrent left carpal tunnel syndrome, neuropathic pain syndrome and probable complex regional pain syndrome of anterior left elbow. Treatment to date has included bilateral hand splints, steroid injections, left median nerve exploration with left carpal tunnel release, oral medications, physical therapy, topical medications and TENS unit. Currently, the injured worker complains of pain in left elbow and bilateral hands. Physical exam noted numbness and tingling in the thumb, index and long fingers with marked decrease in sensation in the median nerve distribution. A request for authorization was submitted for Naproxen, Omeprazole and Hydrocodone along with a home exercise program and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #120:** Overturned

**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 Anti-inflammatory medications, medication for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with constant upper and lower back pain as well as frequent pain and numbness in the bilateral arms and elbows. The pain is rated 8-10/10 without medication and decreases to a 2-4/10 with medication. The request is for Naproxen 550 MG #120. The provided RFA is dated 01/13/15 and the patient's date of injury is 02/12/12. Diagnoses include right carpal tunnel syndrome, recurrent left carpal tunnel syndrome, neuropathic pain syndrome and probable complex regional pain syndrome of anterior left elbow. Per 01/13/15 report, physical examination revealed ranges of motion of the thoracic and lumbar spine are slightly to moderately restricted in all planes. There are multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The ranges of motion of the left elbow are slightly decreased in all directions. Treatment to date has included bilateral hand splints, steroid injections, left median nerve exploration with left carpal tunnel release, oral medications, physical therapy, topical medications and TENS unit. Current medications include Naproxen, Omeprazole, Tramadol and Norco. The patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen was prescribed to the patient per treater reports dated 06/06/14, 10/14/14 and 01/13/15. Per 01/13/15 report, treater states, "The patient has greater than 60-80% relief of pain with prescribed medications. The patient is able to perform ADL's including sitting, standing, walking, bathing, cooking, sleeping and socializing. There are no side effects or signs of aberrant behavior. UDS has been done on a periodic basis." Given the patient's chronic pain, and functional benefit from use of oral NSAID, the request for Naproxen is medically necessary.

**Omeprazole 20 mg #90:** Overturned

**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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with constant upper and lower back pain as well as frequent pain and numbness in the bilateral arms and elbows. The pain is rated 8-10/10 without medication and decreases to a 2-4/10 with medication. The request is for omeprazole 20MG #90. The provided RFA is dated 01/13/15 and the patient's date of injury is 02/12/12. Diagnoses include right carpal tunnel syndrome, recurrent left carpal tunnel syndrome, neuropathic pain syndrome and probable complex regional pain syndrome of anterior left elbow. Per 01/13/15

report, physical examination revealed ranges of motion of the thoracic and lumbar spine are slightly too moderately restricted in all planes. There are multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The ranges of motion of the left elbow are slightly decreased in all directions. Treatment to date has included bilateral hand splints, steroid injections, left median nerve exploration with left carpal tunnel release, oral medications, physical therapy, topical medications and TENS unit. Current medications include Naproxen, Omeprazole, Tramadol and Norco. The patient is working modified duty. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater prescribed Omeprazole for "NSAID induced gastritis", per progress reports dated 06/06/14, 10/10/14 and 01/13/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Given the patient's GI symptoms, the request is reasonable, and is medically necessary.

**Tramadol HCL ER 150 mg #90:** Overturned

**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 criteria for use opioids, Tramadol (Ultram) Page(s): 88-89, 76-78, 113.

**Decision rationale:** The patient presents with constant upper and lower back pain as well as frequent pain and numbness in the bilateral arms and elbows. The pain is rated 8-10/10 without medication and decreases to a 2-4/10 with medication. The request is for Tramadol HCL ER 150 MG #90. The provided RFA is dated 01/13/15 and the patient's date of injury is 02/12/12. Diagnoses include right carpal tunnel syndrome, recurrent left carpal tunnel syndrome, neuropathic pain syndrome and probable complex regional pain syndrome of anterior left elbow. Per 01/13/15 report, physical examination revealed ranges of motion of the thoracic and lumbar spine are slightly too moderately restricted in all planes. There are multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The ranges of motion of the left elbow are slightly decreased in all directions. Treatment to date has included bilateral hand splints, steroid injections, left median nerve exploration with left carpal tunnel release, oral medications, physical therapy, topical medications and TENS unit. Per 01/13/15 report, treater states, "The patient has greater than 60-80% relief of pain with prescribed medications. The patient is able to perform ADL's including sitting, standing, walking, bathing, cooking, sleeping and socializing. There are no side effects or signs of aberrant behavior. UDS has been done on a periodic basis." Current medications include Naproxen, Omeprazole, Tramadol and Norco. The patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids.

See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the initiating prescription of Tramadol for this patient's chronic intractable pain, the request is appropriate. Per 01/13/15 report, treater states, "Norco is prescribed to be taken only if the pain is not adequately relieved with the other medications." Treater provides specific functional improvements, indicates consistent UDS to date, and discusses a lack of aberrant behavior. This is the initiating prescription of Tramadol, as it is not listed among this patient's medications in the prior reports provided. The records provide adequate documentation of the 4A's to continue Norco, therefore Tramadol, as an adjunct for breakthrough pain is appropriate. The request is medically necessary.