

<b>Case Number:</b>	CM13-0066957		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old female who reported an injury on 11/30/2009 due to continuous trauma while performing normal job duties. The injured worker reportedly sustained an injury to the right upper extremity. The injured worker's treatment history included paraffin wax, laser treatments, medications, a home exercise program, a TENS unit, bilateral wrist braces, and acupuncture. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 11/14/2013. It was documented that the injured worker's medications included Motrin 600 mg, tramadol, Prilosec, and Medrox patches. Physical findings included right wrist tenderness and weakness and right elbow tenderness and weakness with improved tingling and pain symptoms. The injured worker's diagnoses included right carpal tunnel syndrome. The injured worker's treatment plan included followup with a hand specialist, continued chiropractic care, continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTRIN 600MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN AND NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 60 AND 67.

**Decision rationale:** The requested Motrin 600 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend nonsteroidal anti-inflammatory drugs as first line treatments in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that continued use of medications in the management of chronic pain be supported by documentation of functional benefit of pain relief. The clinical documentation submitted for review fails to provide any evidence of pain relief or functional benefit resulting from medication usage. Additionally, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Motrin 600 mg #60 is not medically necessary or appropriate.

**TRAMADOL 50MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The requested tramadol 50 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, the clinical documentation fails to provide any evidence of significant pain relief or functional benefit resulting from medication usage. Also, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested tramadol 50 mg #60 is not medically necessary or appropriate.

**PRILOSEC 20MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The requested Prilosec 20 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to

medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal symptoms related to ongoing medication usage. Additionally, the request, as it is submitted, does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg #90 is not medically necessary or appropriate.

**MEDROX PATCHES #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The requested Medrox patches #30 are not medically necessary or appropriate. The requested medication is a compounded medication that contains methyl salicylate, menthol, lidocaine, and capsaicin. California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate in the management of osteoarthritic pain; however, the use of capsaicin should be reserved for injured workers who have failed to respond to first line medications such as antidepressants and anticonvulsants. The clinical documentation fails to identify that the injured worker has failed to respond to first line oral medications. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a topical formulation unless there is documentation of failure to respond to oral anticonvulsants. Also, the request as it is submitted does not specifically identify a body part or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Medrox patches #30 are not medically necessary or appropriate.