

<b>Case Number:</b>	CM14-0115297		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/10/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that the injured worker is a 56-year-old female who was reportedly injured on September 10, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of neck pain and bilateral upper extremity pain. Current medications include Prilosec, nabumetone, and Ultram. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness along the cervical spine paravertebral muscles and trapezius. There was a negative Spurling's test and decreased sensation on the left from C5 through T-1. Examination of the left-hand revealed a positive Tinel's test. There was tenderness over the PIP joints in both hands and a positive right sided Finkelstein's test. Diagnostic nerve conduction studies revealed a mild right-sided ulnar sensory neuropathy Previous treatment includes physical therapy, acupuncture, and home exercise. A request had been made for Ultram, nabumetone, and Prilosec and was not certified in the pre-authorization process on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Ultram 50mg 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 Page(s): 82,113 of 127.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Ultram is not medically necessary.

**Nabumetone 500mg, # 60 with one refill is not medically necessary and appropriate.:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72 of 127.

**Decision rationale:** Nabumetone is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured employees diagnosis and signs/symptoms, particularly the arthritis of the hands, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The request for Nabumetone 500mg, # 60 with one refill is not medically necessary and appropriate.

**30 Prilosec 20mg 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, the request for Prilosec 20 mg, # 30 with three refills is not medically necessary and appropriate.