

<b>Case Number:</b>	CM14-0126159		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] computer operator who has filed a claim for chronic neck, shoulder, elbow, hand, and wrist pain reportedly associated with cumulative trauma at work between the dates April 21, 2008 through October 5, 2015. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier left and right carpal tunnel release surgery; earlier ulnar nerve decompression surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated August 12, 2014, the claims administrator failed to approve a request for Norco, Prilosec, and Ativan. The applicant's attorney subsequently appealed. In a July 2, 2014 progress note, the applicant was placed off of work, on total temporary disability. Ativan, Norco, and Prilosec were renewed. The applicant disease did have a stated diagnosis of gastritis, it was noted in the diagnoses section of the report. Persistent complaints of pain about the neck, shoulder, elbow, hands, and wrists were noted. The applicant was apparently having difficulty performing gripping and grasping. The applicant was not working and was considering repeat or revision carpal tunnel release surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91 Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to recount any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. The information on file, if anything, suggests that the applicant is having difficulty performing activities of daily living as basic as gripping and grasping. Continuing Norco is not indicated, in the context of the foregoing. Therefore, the request is not medically necessary.

**Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (updated 7/10/14) and Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, the applicant is apparently suffering from issues with stand-alone gastritis. Ongoing usage of Prilosec, a proton pump inhibitor, is indicated to combat the same, by analogy. Therefore, the request is medically necessary.

**Ativan 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15 page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on employing Ativan for chronic, long-term, and/or scheduled use purposes, for sleep and anxiety. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

