

<b>Case Number:</b>	CM14-0145121		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/03/2000
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in pain Management 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 injured worker is a 56-year-old female who reported an injury on 03/03/2000 due to cumulative trauma. The injured worker complained of wrist and elbow pain. The injured worker had a diagnosis of carpal tunnel syndrome and elbow/forearm sprain. The past treatments included corticosteroid injections, occupational therapy, acupuncture, functional cognitive evaluation, physical therapy, and medications. The objective findings dated 07/24/2014 revealed no acute distress, fatigue, pain. Musculoskeletal revealed normal muscle tone to the upper and lower bilateral extremities. The muscle strength revealed a 4/5 to the right upper extremities, with a 5/5 to the left upper extremities. The right lower extremities revealed 5/5 and left lower extremities 5/5. The medication included Protonix, Anaprox, and Seroquel, Diclofenac, buprenorphine and Celexa. No diagnostics available for review. Treatment plan included refill for medications. The Request for Authorization dated 09/12/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine 0.1mg sublingual troches #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** The request for buprenorphine 0.1 mg sublingual torches #60 is not medically necessary. The California MTUS recommend buprenorphine for treatment of opioid addiction also recommended as an option for chronic pain especially after detoxification in patients who have had a history of opioid addiction. The documentation provided lacked the objective measurements, functional ability. The documentation also lacked any evidence that the injured worker had a history of opioid addiction. The request did not indicate the frequency. As such, the request is not medically necessary.

**Naproxen Sodium 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox Page(s): 72,73.

**Decision rationale:** The request for naproxen sodium 550 mg #90 is not medically necessary. The California MTUS Guidelines indicates that Anaprox is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis and recommend the lowest effective dose be used for all nonsteroidal anti-inflammatory drugs for the shortest duration of time consistent with individual patient treatment goals. The documentation did not indicate the injured worker had a history or a diagnosis of osteoarthritis. The request did not indicate frequency. As such, the request is not medically necessary.

**Pantoprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Pantoprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events, acid reflex or a history of peptic ulcers. The injured worker did not present with any gastrointestinal complaints, acid reflex. The injured worker did not have a diagnosis of dyspepsia. The request did not indicate a frequency. As such, the request is not medically necessary.

**Quetlapine Fumarate 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress

**Decision rationale:** Decision for Quetlapine Fumarate 25mg #30 is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines do not recommend Seroquel as a first line treatment. There is insufficient evidence to recommend a typical antipsychotic. The guidelines do not recommend. The request did not indicate frequency. As such, the request is not medically necessary.

**Diclofenac Sodium 1.5% 60gram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pennsaid, Non-steroidal antiinflammatory agents Page(s): 111.

**Decision rationale:** The request for Diclofenac sodium 1.5% 60 gm is not medically necessary. The California MTUS Guidelines do not recommend Pennsaid as a first line treatment. Diclofenac is the equivalent of Pennsaid and is recommended for osteoarthritis after failure of oral nonsteroidal anti-inflammatories or contra-indications of oral nonsteroidal anti-inflammatories drugs and after consideration of increased risk profile for Diclofenac including topical formulations for the treatment of the signs and symptoms of osteoarthritis in the knee. The request did not indicate frequency. The clinician's notes did not indicate the injured worker had arthritis to the knee. As such, the request is not medically necessary

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** The request for a urine drug screen is not recommended. The California MTUS Guidelines recommend a drug screen test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behavior, drug seeking behavior or whether the injured worker was suspected of illegal drug abuse. It is unclear when the last drug screen was performed. There was no indication of evidence of opioid abuse. As such, the request is not medically necessary.

