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| <b>Case Number:</b>   | CM14-0165953 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 10/03/2013 |
| <b>Decision Date:</b> | 11/12/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2014 |

### 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 Family Medicine and is licensed to practice in Ohio. 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 52 year old female with a cumulative trauma injury between 10-3-2012 and 10-3-2013. She complains of pain in the hands, low back, elbows, and neck, and upper extremity weakness. The physical exam reveals diminished cervical and lumbar range of motion, diminished range of motion of both shoulders, tenderness to palpation of the cervical musculature, both elbows, and the subacromial bursa regions of both shoulders. She has swan neck deformities of the 2nd through 4th fingers of both hands. She has been referred for rheumatologic evaluation. The diagnoses include tenosynovitis of the hands, lateral epicondylitis of elbows, cervical degenerative disc disease, cervical strain/sprain, trigger fingers, lumbar degenerative disc disease, depression, and anemia. With regard to the anemia, she was hospitalized in December 2013 after passing out. She had been experiencing heavy menses but did not have black stools. She had been maintained on Naproxen and Prilosec because of 'gastritis'. On 8-28-2014 it appears the Naproxen was discontinued in favor of Tylenol with codeine for pain. No abdominal exam appears in the 600 pages of documents reviewed and no evidence to substantiate 'gastric ulcers'.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** When prescribing non-steroidal anti-inflammatory medication like Naproxen, the clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, there is no substantiation of prior gastric bleeding and it appears that the injured worker is no longer taking Naproxen. Therefore, Prilosec 20mg #60 with 1 refill is not medically necessary.

**Tylenol with Codeine #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

**Decision rationale:** When prescribing opioids for chronic pain, there should be ongoing monitoring of pain relief, functionality, adverse medication effects, and any aberrant drug taking behavior. Opioids should be discontinued if there is no improvement in functionality as a consequence of taking them. In this instance, there is no enclosed documentation that discusses any pain relief from the medication or improvements in functionality as a consequence of the use of Tylenol with codeine. Therefore, Tylenol with Codeine #60 with 1 refill is not medically necessary based on the provided documentation.