

<b>Case Number:</b>	CM14-0072106		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 this 58 year old male was reportedly injured on March 1, 2009. The mechanism of injury is undisclosed. The most recent progress note, dated March 21, 2014, indicated that there were ongoing complaints of right upper extremity pain. The physical examination demonstrated a decrease in right elbow range of motion, a decrease of bilateral wrist range of motion, and tenderness to palpation. Diagnostic imaging studies objectified and were not reported. Previous treatment included multiple surgical interventions. A request was made for multiple medications and was not certified in the preauthorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

**Decision rationale:** As noted in the Medical Treatment Utilization Schedule (MTUS), clinical investigations for the utility of these products have been inconsistent. There was no overt clinical

data presented supporting the topical preparation. Furthermore, the MTUS notes that topical nonsteroidals are indicated for osteoarthritis or tendinitis. The diagnoses were a carpal tunnel syndrome, lateral epicondylar release and synovitis of the right thumb. As such, there is no clinical indication for the topical preparation outline. This is not medically necessary.

**Imitrex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, Head, triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head chapter, updated September 2014.

**Decision rationale:** The parameters noted in the Official Disability Guidelines (ODG) were used. This medication is used to treat migraine headaches. The clinical definition of migraine is not met in terms of length of any pain and frequency. Therefore, there is no clear clinical indication for this medication. This request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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

**Decision rationale:** This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. The progress notes presented for review do not indicate that there were any gastrointestinal complaints, issues with gastritis, or physical examination findings to support the same. As such, when noting the date of injury and the lack of subjective complaints, there is no clinical indication to establish the medical necessity for this medication.

**Butalbital/APAP 50-325-40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Acute Migraine Medications and Evolution from Episodic to Chronic Migraine: A Longitudinal Population-Based Study. Headache: the Journal of Head and Face Pain 48 (8): 1157-1168.

**Decision rationale:** This medication is a barbiturate containing compound use of the treatment of headaches. The headaches are not described in the progress notes presented for review. As

such, a barbiturate type medication is not clinically indicated. When noting the side effect profile and the lack of specific complaints, the medical necessity has not been established in the progress notes presented for review.