

<b>Case Number:</b>	CM14-0192045		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Interventional Spine 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 patient is a 70 year old male with an injury date on 05/06/2013. Based on the 09/25/2014 progress report provided by the treating physician, the diagnoses are:1. Left hand crush injury2. Left hand lacerations on the tendons and nerves in the palm.3. Possible complex regional pain syndrome of the left hand.4. Left index, long, ring and small finger limitation of motion including flexion and extension.5. Sensory deficit of index, long, ring and small finger.6. Depression7. InsomniaAccording to this report, the patient complains of "severe pain in his left ring finger with very limited motion and he has moderate left wrist pain. He is feeling a little bit better with medications." Exam of the hand shows a restricted MP joint range of motion. The PIP joint is fibrotic and fix at 70 degrees of flexion and DIP joint is fibrotic and fix at 20 degrees of flexion. Jamar grip test are 75/70/70 on the right and 40/35/25 on the left. The 06/25/2014 report indicates the patient's complains of "moderate left hand pain, moderate left wrist pain and moderate left finger pain, especially the ring finger." Per treating physician, the patient "seems to be less depressed today because he is doing better." The patient is currently not working. There were no other significant findings noted on this report. The utilization review denied the request for Prilosec 20mg #90, Tramadol 150mg #60, and Prozac 20mg #80 on 11/05/2014. The requesting provider provided treatment reports from 05/07/2014 to 09/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk Page(s): 13-14, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 09/25/2014 report, this patient presents with "severe pain in his left ring finger with very limited motion and he has moderate left wrist pain." Per this report, the current request is for Prilosec (Omeprazole) 20mg, #90 and this medication was first noted in the 05/07/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.

**Tramadol (Ultram) 150mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, opioids Page(s): 60,61,88,89,76-78.

**Decision rationale:** According to the 09/25/2014 report, this patient presents with "severe pain in his left ring finger with very limited motion and he has moderate left wrist pain." Per this report, the current request is for Tramadol (Ultram) 150mg, #60. This medication was first mentioned in the 05/07/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the medical record, the treating physician states the patient "is feeling a little bit better with medications." There is no exaggerated pain behavior. UDS's was obtained on 09/25/2014 and

06/25/2014 but the results were not discussed. Other than these, the documentation lacks discussion regarding pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed and no discussion regarding side effects. There are no discussion of other opiates management issues such as CURES and behavioral issues. In this case, the treating physician has failed to properly document Analgesia, ADL's, and Adverse effects as required by MTUS. The request is not medically necessary.

**Prozac (Fluoxetine) 20mg, #80:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic pain Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** According to the 09/25/2014 report, this patient presents with "severe pain in his left ring finger with very limited motion and he has moderate left wrist pain." Per this report, the current request is for Prozac (Fluoxetine) 20mg, #80. This medication was first mentioned in the 05/07/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." In reviewing of the reports, the treating physician mentioned that patient "is feeling a little bit better with medications." The 06/25/2014, the treating physician indicates the patient "seems to be less depressed today because he is doing better." In this case, the patient has been taking Prozac for his pain and depression, and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the request is medically necessary.