

<b>Case Number:</b>	CM14-0210649		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 52-year-old female with date of injury of 07/22/2013. The listed diagnoses from 11/08/2014 are: 1. Right thumb stenosis tenosynovitis. 2. Right upper extremity compression neuropathy. 3. Rule out carpal tunnel/cubital tunnel syndrome. 4. Left hip bursitis and impingement. 5. Chronic right ankle sprain/strain. 6. Annual tear at L4-L5. 7. Facet osteoarthropathy L4-L5 and L5-S1 with bilateral L5 neural encroachment. According to this report, the patient complains of right thumb/hand pain at a rate of 6/10. The patient states that tramadol ER decreases his pain by 6 points on a scale of 10. She reports greater range of motion, tolerance to activity and exercise, and adherence to exercise regime with medication use. The patient states that with NSAID use, her range of motion is improved. She does report GI upset with NSAID therapy. Cyclobenzaprine facilitates significant increase in spasms, improved range of motion and tolerance to exercise and decrease in overall pain level. Examination shows pain with finger flexion, limited. Jamar is 0, 0, 0. Tenderness on the right hand, A1 pulley. Spasm of the muscle of the hand is less pronounced. No other findings were noted on this report. Treatment reports from 04/24/2014 to 11/18/2014 were provided for review. The utilization review modified the request for naproxen and tramadol and denied the request for cyclobenzaprine and pantoprazole on 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 10.16.14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63, 64.

**Decision rationale:** This patient presents with right thumb/hand pain. The provider is requesting retrospective (DOS 10/16/2014) Cyclobenzaprine 7.5mg quantity #90. The MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Cyclobenzaprine on 07/17/2014. In this case, the MTUS Guidelines do not support the long term use of Cyclobenzaprine. The request is not medically necessary.

**Retrospective: Naproxen Sodium 550mg #90 (DOS: 10.16.14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory; Medication for Chronic Pain Page(s): 22; 60.

**Decision rationale:** This patient presents with right hand/thumb pain. The treater is requesting a retrospective (DOS 10/16/2014) Naproxen Sodium 550mg quantity #90. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed naproxen sodium on 07/17/2014. The 10/18/2014 report notes that the patient's pain level is decreased by 2 to 3 points with NSAID use. She reports improved range of motion with the use of an NSAID. In this case, the MTUS Guidelines support the use of antiinflammatory medications as a traditional first-line treatment to decrease pain and inflammation. The request is medically necessary.

**Retrospective: Pantoprazole 20mg #90 (DOS: 10.16.14): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/pantoprazole.html>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68, 69.

**Decision rationale:** This patient presents with right hand/thumb pain. The provider is requesting retrospective (DOS 10/16/2014) Pantoprazole 20mg quantity #90. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed pantoprazole on 07/17/2014. In the same report, the patient notes GI upset with NSAID use. The MTUS Guidelines support the use of PPIs for patients with documented gastrointestinal issues. The request is medically necessary.

**Retrospective: Tramadol ER 150mg #90 (DOS: 10.16.14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; On-Going Management; Medication for Chronic Pain Page(s): 88 and 89.

**Decision rationale:** This patient presents with right hand/thumb pain. The provider is requesting retrospective (Dos 10/16/2014) Tramadol ER 150mg quantity #90. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 07/17/2014. The 10/16/2014 report notes that the patient rates her right thumb/hand pain 7/10. She reports heightened function with medication at current dosing and indicates that ADLs are maintained with current medication regimen. The patient notes that tramadol ER decreases her pain by 5 points on a scale of 10. She reports greater range of motion, improved tolerance to activities and exercise, and greater functionality. She reports no side effects. The urine drug screen from 05/29/2014 showed consistent results to prescribe medications. In this case, the patient has met the required criteria per the MTUS Guidelines for continued use of this opiate. The request is medically necessary.