

<b>Case Number:</b>	CM15-0115947		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 45-year-old male with a reported date of injury of 08/27/2013. The mechanism of injury was repetitive typing. The injured worker's symptoms/injuries at the time of the injury included pain in his right wrist/hand with numbness and pain radiating to his right elbow. As time passed, the injured worker stated that he noticed that he was also developing similar symptoms in his left upper extremity up to his elbow. The diagnoses include right cubital tunnel syndrome, status post right cubital release; right lateral epicondylitis, status post right release; right carpal tunnel syndrome, and status post right carpal tunnel release. Treatments and evaluation to date have included an MRI of the right elbow on 05/29/2015 which showed moderate-sized joint space effusion; oral medications; electrodiagnostic studies; a right wrist injection; two right elbow injections; right elbow surgery; physical therapy; a MRI of the right wrist on 10/08/2014 with unremarkable findings; an MRI of the left wrist on 10/09/2014 with unremarkable findings; and an MRI of the right hand on 06/08/2014. The progress report dated 05/13/2015 indicates that there was intermittent pain in the left elbow, which was improving. He also complained of intermittent pain in the left wrist/hand, which was improving. It was noted that the injured worker's right elbow and wrist pain was improving after surgery, but he still had residual pain and numbness of the ulnar fingers. An examination of the right elbow showed a well-healing surgical incision, no signs of infection, and grossly intact neurovascular status. An examination of the right wrist showed a well-healing surgical incision, and grossly intact neurovascular status. No other objective findings were indicated. The injured worker's medications were refilled. The injured worker was taking Relafen, cyclobenzaprine, and

Tramadol. It was noted that he benefitted from taking the medications, and continued to take the medications as prescribed. The physician stated that medications helped in curing and relieving the injured worker's symptoms, improved his activities of daily living, and made it possible for him to continue working and/or maintain the activities of daily living. The treating physician requested Prevacid DR 30mg #120. It was documented that the medication was being recommended in conjunction with Nalfon/Relafen to protect the stomach and prevent any GI complications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prevacid DR 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that clinicians should weigh the indications for nonsteroidal anti-inflammatory agents (NSAIDs) against both GI and cardiovascular risk factors when prescribing NSAIDs. The treating physician should determine if the patient is at intermediate risk for gastrointestinal events (GI), such as over age 65, gastrointestinal history, concurrent aspirin, corticosteroid, and/or an anticoagulant, and high dose/multiple NSAID. Prevacid is a Proton Pump Inhibitor (PPI), and the injured worker was prescribed Relafen, which is an NSAID. There is no documentation that the injured worker is over the age of 65, has a history of gastrointestinal issues, used aspirin, a corticosteroid, and/or anticoagulant, and high dose/multiple NSAID concurrently. There was no mention of any GI signs or symptoms. The request does not meet the guideline recommendations. Therefore, the request for Prevacid DR is not medically necessary.