

<b>Case Number:</b>	CM15-0117102		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 07/20/2011. She has reported subsequent right wrist pain and was diagnosed with status post TFC debridement and ganglion cyst excision of the right wrist. Treatment to date has included medication and surgery. The only medical documentation submitted consists of a physician progress note from the Hand and Wrist Institute dated 05/27/2015. At this time, the injured worker was noted to be three months status post ganglion cyst excision of the right wrist. Symptoms had markedly decreased since surgery but there was some continued soreness reported. Objective findings were notable for mild tenderness of the dorsal aspect of the right wrist with decreased grip strength on the right. A request for authorization of Voltaren 100 mg quantity of 60, Protonix 20 mg quantity of 60 and Ultram 150 mg quantity of 30 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, NSAID's are recommended "at the lowest dose for the shortest period in patients with moderate to severe pain. The medical documentation submitted is minimal and there is no documentation of the severity and nature of the injured worker's pain, the effectiveness of the medication or any discussion of side effects. There is no indication as to how long Voltaren had been prescribed. There is also no documentation of objective functional improvement or significant pain reduction with use of this medication. In addition, the physician is requesting a quantity of 60 Voltaren 100 mg and is scheduled to follow up with the physician in five weeks. As per MTUS guidelines for Diclofenac (Voltaren), "Dosages > 150 mg/day PO are not recommended." Based on the documentation submitted, it's unclear as to the dosage the physician is prescribing per day. Therefore, based on the above discussion the request for authorization of Voltaren 100 mg quantity of 60 is not medically necessary.

**Protonix 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti-Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if: "(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)." The medical documentation submitted is minimal and there is no discussion of the injured worker's risk for gastrointestinal events. There is no evidence that the injured worker was taking multiple NSAID medications, the injured worker was not greater than 65 years of age and there was no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Protonix 20 mg quantity of 60 is not medically necessary.

**Ultram 150mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." The medical documentation submitted is minimal and there is no documentation of the severity and nature of the injured worker's pain, the effectiveness of the medication, any discussion of side effects or evidence of monitoring for potential drug misuse or dependence. There is no indication as to how long Ultram had been prescribed. There is also no documentation of objective functional improvement or significant pain reduction with use of this medication. Therefore, the request for authorization of Ultram 150 mg quantity of 30 is not medically necessary.