

<b>Case Number:</b>	CM15-0061493		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old female, who sustained an industrial injury on 6/24/10. The injured worker was diagnosed as having carpal tunnel syndrome, cervical radiculopathy, hand sprain/strain, lumbosacral radiculopathy, shoulder tendinitis and bursitis, ankle tendonitis/bursitis and wrist tendonitis/bursitis. Treatment to date has included right carpal tunnel release and oral medications. Currently, the injured worker reports some improvement in pain and numbness of right hand and continuation of numbness and weakness in left wrist and hand. Upon physical exam, intact incision is noted over the right palm with some incisional tenderness noted. The treatment plan consisted of request for authorization for Prilosec, Gabapentin, Prilosec, Relafen and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 48 year old female has complained of neck pain, bilateral wrist pain and low back pain since date of injury 6/24/10. She has been treated with carpal tunnel release surgery, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**Ultram ER 150mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 48 year old female has complained of neck pain, bilateral wrist pain and low back pain since date of injury 6/24/10. She has been treated with carpal tunnel release surgery, physical therapy and medications to include opioids since at least 12/2014. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

**Anaprox 550mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 67-68.

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

**Decision rationale:** This 48 year old female has complained of neck pain, bilateral wrist pain and low back pain since date of injury 6/24/10. She has been treated with carpal tunnel release surgery, physical therapy and medications to include NSAIDS since at least 12/2014. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 2 months duration. There is no documentation in the

available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Anaprox is not indicated as medically necessary in this patient.