

<b>Case Number:</b>	CM14-0140491		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 and Rehabilitation 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 50 year old female who was injured on 04/26/2011 when she slipped and fell sustaining an injury to her low back. She has had chiropractic treatment in the past with full recovery. Prior medication history included Tramadol, Prilosec, and Naprosyn. An orthopedic note dated 08/21/2014 indicates the patient is recommended for Tylenol #3 #60 instead of Tramadol, as the Tramadol caused nausea. She reported feeling sick after taking the medication and is requesting to discontinue the Tramadol. On note dated 05/15/2014, the patient presented with complaints of right wrist and hand burning pain at the palm region radiating up the right forearm, into the elbow and shoulder region. The left wrist and hand pain with intermittent radiating pain shooting up the left forearm, into the elbow and shoulder region with occasional numbness and tingling. On exam, she had tenderness medially and tenderness over her carpal tunnel area. There was positive Finkelstein test. The left upper extremity revealed tenderness over the medial aspect of her left elbow with a positive Tinel sign. The pain in the left elbow radiates to her left shoulder. The patient is diagnosed with DeQuervain's on the left, left wrist tendinitis, probable ulnar nerve palsy on the left. The patient has been recommended to continue with Prilosec 20 mg to protect the patient's GI track, Tramadol 50 mg and Naprosyn 375 mg. Prior utilization review dated 08/21/2014 states the request for Tylenol #3, #60 is denied as there is no documented failure of NSAIDS; Prilosec 20mg, #60 is denied as there is no evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-96. Decision based on Non-MTUS Citation Tylenol #3 prescribing information

**Decision rationale:** The patient in this case has a chronic condition for which she has sought treatment. She has been prescribed an NSAID (Naproxen), a Proton pump inhibitors (PPI) (Prilosec), and Tylenol #3. Furthermore, Tylenol #3 has a high risk for misuse, dependence and addiction when used chronically. Based on the documentation provided, there is no indication that NSAID therapy was utilized as a first line treatment as recommended by MTUS guidelines. There is no indication that the patient's reported complaints fall within the indication for the use of Tylenol #3. Therefore based on the MTUS guidelines, the Tylenol 3 prescribing information and the documentation in this case, the request is not medically necessary.

**Prilosec 20mg, #60:** Upheld

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

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

**Decision rationale:** PPI's are used to mitigate the gastric risks associated with non-steroidal agents in individuals with intermediate or high risk for such complications. There is no documentation in this case that the patient has such risks. The goal of non-steroidal therapy is to treat the individual for the shortest period of time at the lowest possible dose. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.