

<b>Case Number:</b>	CM14-0155112		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 50-year-old male who reported an injury on 08/23/2010. The mechanism of injury was not provided. The injured worker's diagnoses included bilateral carpal tunnel syndrome with ulnar neuropathy, bilateral basal joint arthropathy, cervical radiculitis with C8 and T1 radicular changes, and right hand ganglion cyst. The injured worker's past treatments included medications, surgery, injections, and splinting. On the clinical note dated 08/14/2014, the injured worker complained of significant bilateral wrist pain with tingling and numbness that he has frequently in both hands. The injured worker had positive Tinel's, Phalen's, and Durkan's signs. The injured worker's medications included Voltaren 100 mg daily, Protonix 20 mg twice a day, Ultram ER 150 mg 1 to 2 times daily, and Methoderm apply 3 times daily. The request was for retro Protonix 20 mg 1 tablet twice a day #60, retro Voltaren 100 mg 1 tablet OD #30, and retro Ultram ER 150 1 tab OD to BID as needed #60. The rationale for the request was not provided. The request for authorization form was submitted on 08/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO PROTONIX 20MG 1 TAB BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

**Decision rationale:** The request for retro Protonix 20 mg 1 tab BID #60 is not medically necessary. The injured worker is diagnosed with bilateral carpal tunnel syndrome with ulnar neuropathy, bilateral basal joint arthropathy, cervical radiculitis with C8 and T1 radicular changes, and right hand ganglion cyst. The injured worker complained of bilateral wrist pain with tingling and numbness in both hands. The California Medical Treatment Utilization Schedule (MTUS) recommends the use of proton pump inhibitors with the use of non-steroidal anti-inflammatory drugs (NSAIDs) if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of a history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any gastrointestinal issues indicated in the medical records. Additionally, the request does not indicate the retrospective date. As such, the request for retro Protonix 20 mg 1 tab BID #60 is not medically necessary.

**RETRO VOLATAREN 100MG 1 TAB OD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 70, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

**Decision rationale:** The request for retro Voltaren 100 mg 1 tab OD #30 is not medically necessary. The injured worker is diagnosed with bilateral carpal tunnel syndrome with ulnar neuropathy, bilateral basal joint arthropathy, cervical radiculitis with C8 and T1 radicular changes, and right hand ganglion cyst. The injured worker complains of bilateral wrist pain with tingling and numbness in both hands. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend non-steroidal anti-inflammatory drugs of the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The injured worker has been on Voltaren since at least 04/25/2014. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate retrospective date. As such, the request for retro Voltaren 100 mg 1 tab OD #30 is not medically necessary.

**RETRO ULTRAM ER 150MG 1 TAB OD TO BID AS NEEDED #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94.

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

**Decision rationale:** The request for retro Ultram ER 150 mg 1 tab OD to BID as needed #60 is not medically necessary. The injured worker is diagnosed with bilateral carpal tunnel syndrome with ulnar neuropathy, bilateral basal joint arthropathy, cervical radiculitis with C8 and T1 radicular changes, and right hand ganglion cyst. The injured worker complains of bilateral wrist pain with tingling and numbness in both hands. California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend an ongoing of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did include a urinary drug screen dated 04/25/2014 that was consistent with medication regimen. The documentation did not include side effects of medication. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. Additionally, the request does not indicate the retrospective date. As such, the request for retro Ultram ER 150 mg 1 tab OD to BID as needed #60 is not medically necessary.