

Case Number:	CM13-0018978		
Date Assigned:	10/11/2013	Date of Injury:	08/15/2010
Decision Date:	02/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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:

This patient is a 51 year-old with a date of injury of 08/15/10. The injury was described as resulting from the reins of a horse that were wrapped around the patients extremity. The most recent progress note included by [REDACTED], dated 08/13/13, identified subjective complaints of "some pain in the right wrist and forearm". Objective findings included slight dorsal wrist and hand tenderness on the right with diminished grip strength. Diagnoses indicate that the patient is "status post left ulnar shaft fracture and complex wound of the right hand". Treatment has included local care and oral medications. Treatment now recommended is medication. A Utilization Review determination was rendered on 08/21/13 recommending non-certification of "NSAIDs and Prilosec".

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Voltaren 100mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-73.

Decision rationale: NSAIDs have been recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Precautions are listed related to side effects. The most recent progress notes states that the patient has "some pain", which implies less than moderate to severe. There is no indication that the therapy is for a short period rather than what is reflected to be long-term. The request for 1 prescription of Voltaren 100mg, quantity 60 is not medically necessary and appropriate.

1 prescription of Prilosec 20mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. Likewise, prophylaxis against the GI side effects of NSAIDs is based upon the patient's risk factors. These include (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 NSAIDs. Specifically, non-selective NSAIDs without prophylaxis are considered "okay" in patients with no risk factors and no cardiovascular disease. The request for 1 prescription of Prilosec 20mg, quantity 60, is not medically necessary and appropriate.