

<b>Case Number:</b>	CM13-0040044		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Anesthesiology and Pain 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 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 36-year-old female who reported an injury on 06/24/2011. The diagnosis is carpal tunnel syndrome. The mechanism of injury was a wine bottle fell off the shelf and the worker went to brace the right arm against another bottle of wine which collapsed. The injured worker's wrist went through the bottle and the injured worker felt immediate numbness and loss of feeling in the right wrist. The injured worker had a right carpal tunnel surgery with an unprovided date and a median nerve repair in 07/2012. The documentation of 06/05/2013 revealed the injured worker had continued complaints of pain in the right wrist with some radiation of the pain and numbness and tingling sensations affecting the right thumb and the first two and a half fingers. The documentation further indicated that the injured worker had been treated with 16 sessions of physical therapy, ibuprofen, and Naprosyn in 2011. The injured worker indicated that she had utilized anti-inflammatories but had problems with gastritis-type symptoms, and had GERD. The injured worker had tenderness to palpation in the right dorsal aspect of the wrist. There were trigger points and muscle spasms in the right wrist, extensor, and right trapezius muscle. There was decreased sensation in the thumb and the first two and a half digits of the right hand in the volar position. The diagnoses included right wrist pain, status post right median nerve repair, question of continual right carpal tunnel syndrome versus right cervical radiculopathy and myofascial pain syndrome. The request was made for Naprosyn 550 mg 1 tablet by mouth twice a day for inflammation, omeprazole 20 mg 1 tab by mouth daily for stomach prophylaxis and Neurontin 600 mg 1 tablet by mouth 3 times a day for paresthesias, an EMG/NCV, and continued self-directed home exercise program, as well as acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms.

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

**Decision rationale:** California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2011. There was lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the NSAID that was concurrently reviewed with this medication was found to be not medically necessary, the request for Omeprazole 20 mg #100 is not medically necessary.

**NAPROSYN 550MG #100:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2011. There was lack of documentation of objective pain decrease and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naprosyn 550 mg #100 is not medically necessary.