

Case Number:	CM13-0061504		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2011
Decision Date:	04/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and rehabilitation, and is licensed to practice in Illinois. 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 who reported an injury on 10/18/2011. The mechanism of injury involved a fall. The patient is diagnosed as status post left wrist surgery in 12/2012, De Quervain's disease, and mild carpal tunnel syndrome. The patient was seen by [REDACTED] on 11/13/2013. The patient reported bilateral wrist pain. Physical examination was not provided on that date. Treatment recommendations included a refill of Prilosec, naproxen, tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAIDs (non-steroidal anti-inflammatory drugs). As per the documentation submitted, there is no evidence of cardiovascular disease or

increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. The request for prilosec is not medically necessary or appropriate.

NAPROXEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report bilateral wrist pain. Satisfactory response to treatment has not been indicated. The request for Naproxen is not medically necessary or appropriate.