

Case Number:	CM13-0072027		
Date Assigned:	01/15/2014	Date of Injury:	11/26/2012
Decision Date:	07/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation, and is licensed to practice in Minnesota. 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 51-year-old female who reported injury on 11/26/2012. The mechanism of injury was cumulative trauma. The injured worker had a trigger finger release in 05/2012, and a right trigger finger surgery to digits 2, 3, and 4 in 1999. The injured worker had a left index and right finger trigger release on 06/12/2012. The injured worker underwent a De Quervain's release in 02/2013. The injured worker underwent a right carpal tunnel release in 07/2013. The injured worker indicated the pain started due to repetitive activities. Prior treatments included physical therapy and medications as well as the surgical interventions that were previously mentioned. The injured worker had been treated with a wrist splint and NSAIDs. The documentation of 11/08/2013 revealed the diagnoses included status post carpal tunnel release with continued numbness and pain, status post De Quervain's tenosynovitis surgery, but continued symptoms with a positive Finkelstein's bilaterally, multiple trigger finger releases, no obvious triggering on examination, and bilateral shoulder pain and neck pain. The treatment plan included Voltaren gel 1% apply 2 gm 4 times a day #100 gm, refills x3, naproxen sodium 550 mg 1 tablet by mouth twice a day #60, cyclobenzaprine 7.5 mg 1 tablet by mouth at bedtime #60, and omeprazole 20 mg 1 tablet by mouth daily #60 to help with symptoms as well. It was indicated omeprazole would help with GERD associated with NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation indicated that omeprazole would help with GERD associated symptoms. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating a necessity for 60 tablets as it was indicated the injured worker would be taking the medication once a day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.

VOLTAREN GEL #100 X 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

Decision rationale: California MTUS states Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation indicated that the topical would help the injured worker control the pain without taking oral medications regularly. The duration of use could not be established. There was a lack of documented rationale for 3 refills without re-evaluation of treatment. The request as submitted failed to indicate the frequency for use. Given the above, the request for Voltaren Gel #100, x 3 refills is not medically necessary.