

Case Number:	CM14-0004295		
Date Assigned:	02/05/2014	Date of Injury:	02/28/2013
Decision Date:	08/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 housekeeper who injured her right hand and wrists while cleaning a tub on 2/26/13. Her right upper extremity discomfort would persist and she would ultimately be diagnosed with right carpal tunnel syndrome and date her veins disease. On 7/3/13 she would have a de Quervains release and carpal tunnel release performed. Post-operatively she continued to have pain with the development of significant swelling, skin color changes and hyperalgesia of the right forearm wrist and hand. She would additionally be diagnosed with chronic pain syndrome with sleep and mood disorder and complex regional pain syndrome, type I (RSD). Treatment for her work-related condition has involved the de Quervains and right carpal tunnel releases, physical therapy, injections, stellate ganglion blocks, splinting and medications. The treating physician has requested ibuprofen 800 mg 1 tablet up to twice daily and omeprazole 20 mg delayed release. 1 capsule twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 300MG 1 TABLET UP TO TWICE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). The California Medical Treatment Utilization Schedule (MTUS) states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Without proven efficacy for neuropathic pain the request for Ibuprofen 800 mg, 1 tablet up to twice daily, is not medically necessary.

OMEPRAZOLE 20MG DELAYED RELEASE 1 CAPSULE TWICE DAILY AS NEEDED.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), proton pump inhibitors (PPIs).

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) used for treatment of gastrointestinal disorders and for patients utilizing chronic nonsteroidal anti-inflammatory drug (NSAID) therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends use of a proton pump inhibitor if non-selective NSAIDs are used in patients with intermediate risk for gastrointestinal events and no cardiovascular disease. For patients at high risk of gastrointestinal events use of a proton pump inhibitor is absolutely necessary. The Official Disability Guidelines (ODG) guidelines note that PPIs are recommended for patients at risk for gastrointestinal events and are highly effective in preventing gastric ulcers induced by NSAIDs. In this case the ibuprofen has been determined to be not medically necessary. Without concurrent NSAID treatment the request for omeprazole 20 mg delayed release, 1 capsule twice daily as needed, is not medically necessary.