

Case Number:	CM14-0009051		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2013
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Neurological Surgery and is licensed to practice in California. 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 53 year old male injured on September 25, 2013. The progress note, dated December 2, 2013, indicates the injured presents with continued pain following a right thumb partial metacarpophalangeal joint, ulnar collateral ligament tear. The joint is documented as being stable and managed conservatively. The exam documents swelling at the right thumb metacarpophalangeal joint, no joint instability, mild tenderness, and good motion with no triggering. The utilization review in question was rendered on January 2, 2014. The reviewer modified the request for 60 tablets of Norco 2.5/325mg tablets to 30 tablets, and the request for Omeprazole was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 2.5/325 MG #60 ON DATE OF SERVICE 12/5/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11 - FOREARM, WRIST, HAND COMPLAINTS, 271

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: There is no documentation indicating the claimant is utilizing opioids or if the claimant is getting relief from opioids. The MTUS indicates continued use of opioids requires documentation of improved pain and function. The MTUS also indicates that opioids are not considered a first line medication for the treatment of pain as such, the request is considered not medically necessary.

RETROSPECTIVE PRILOSEC 20 MG #60 ON DATE OF SERVICE 12/5/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: There is no indication the claimant is utilizing non-steroidal anti-inflammatory medications (NSAIDs) on this visit or that there are any concerns of increased gastrointestinal (GI) risks. The MTUS does not support the use of these medications except in the setting of NSAID use with increased gastrointestinal (GI) symptoms.