

Case Number:	CM14-0102570		
Date Assigned:	07/30/2014	Date of Injury:	01/29/2013
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 29 year old female who had a work related injury on 01/29/13. She injured her left hand and wrist when she flipped a blender over with her left hand and felt a pop in her left wrist, had immediate pain, but continued working as best she could with the pain in her left wrist. Most recent clinical documentation submitted for review is dated 06/30/14. The injured worker complained of pain in the left wrist, extending up to the left elbow into the inner side and pain in the left shoulder, the scapula area, and left side of her neck. She rates the pain as 9/10 in the wrist and neck and the shoulder at 7/10 and elbow at 5/10. Completion of physical therapy was noted. MRI of the left wrist dated 03/13/13 is unremarkable. Nerve conduction study done on 03/21/13 notes no cervical radiculopathy, brachial plexopathy or mononeuropathy involving bilateral ulnar, radial or median nerves. There is no electrodiagnostic evidence of bilateral ulnar neuropathy at the elbows or bilateral carpal tunnel syndrome. Physical examination diminished sensation all fingers on the left side. Diagnoses listed as overuse syndrome left upper extremity, tendonitis left shoulder, carpal tunnel syndrome left wrist, De Quervain's tenosynovitis left wrist, carpometacarpal joint inflammation left thumb, cubital tunnel syndrome, left elbow, and extensor carpi ulnaris left wrist. Prior utilization on 06/24/14 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine/flurbiprofen 100/100 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically cited).

Decision rationale: Zantac is a histamine 2 blocker, also used as a cytoprotective medication. Histamine blockers are recommended for patients at substantially increased risk for gastrointestinal bleeding. There is no documentation that the injured worker has gastrointestinal problems or that she is at the risk of developing gastrointestinal problems. Flurbiprofen is indicated for relief of the signs and symptoms of rheumatoid arthritis and signs and symptoms of osteoarthritis. There is no clinical evidence that the injured worker has been diagnosed with these problems. Therefore, the request for Ranitidine/ Flurbiprofen 100/100 milligrams quantity 90 is not medically necessary.