

Case Number:	CM14-0105848		
Date Assigned:	07/30/2014	Date of Injury:	08/11/2012
Decision Date:	10/01/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation 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 57 year old female who reported injury on 08/11/2012. The mechanism of injury was not provided. Diagnoses included carpal tunnel of the left wrist, wrist joint inflammation with ulnar impaction, carpometacarpal inflammation of the left thumb, weight gain, depression, lateral epicondylitis, flexor carpi radialis sheath tenderness, and impingement syndrome of the left shoulder. The past treatments included injections x5, and transcutaneous electrical nerve stimulation. A fluoroscopic evaluation of the shoulder and MRI of the wrist were noted. The progress note dated 07/11/2014, noted the injured worker complained of locking along the ring and little fingers, weight gain. The physical exam revealed tenderness along the wrist and base of the thumb, limited motion, and decreased grip. The current medications were not listed, however, the injured worker was previously prescribed Naproxen, Protonix, diclofenac, Flexeril, Trazodone, and Norco. The treatment plan recommended a hot and cold wrap, a prescription for Norco and Trazodone, and stated she could work avoiding gripping, grasping, torqueing, lifting over few pounds, reaching at or above shoulder level, repetitive motion of the elbow, or repetitive motion of the wrist. A rationale was provided, citing the California MTUS guidelines for short acting are seen as an effective method in controlling chronic pain. The Request for Authorization form was dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protorix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The request for Protonix 20mg #60 is not medically necessary. The injured worker had tenderness along the wrist and base of the thumb, limited motion, and decreased grip. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend the use of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAIDs. There is no indication that the injured worker is at risk for gastrointestinal events in the subjective or objective documentation provided. There is no indication that the injured worker has a history of gastrointestinal complications or complaints. As the request for Naproxen is not medically necessary at this time, the need for Protonix would be unfounded. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine medical necessity. Given the above, the medication would not be indicated at this time. As such, the request is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66,67-68.

Decision rationale: The request for Naproxen 550mg #60 is not medically necessary. The injured worker had tenderness along the wrist and base of the thumb, limited motion, and decreased grip. Per the California MTUS guidelines, Naproxen is recommended for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for short term symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain, or for long-term use. There was no documentation of pain. There was no indication of osteoarthritis or chronic low back pain. It is unclear how long the injured worker has been using Naproxen or other NSAIDs. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine medical necessity. Given the

