

Case Number:	CM14-0015301		
Date Assigned:	02/28/2014	Date of Injury:	08/06/2012
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal Medicine 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 37-year-old female who reported an injury on 08/06/2012 secondary to an unknown mechanism of injury. The injured worker was evaluated on 01/02/2014 for reports of right elbow, forearm, and hand pain rated at 4/10 to 6/10. The injured worker indicated the steroid injection decreased her pain by 40% to 50% and she continues to feel relief. The injured worker also reported occasional numbness to the last 3 fingers of the right hand. The exam noted pain to palpation along the right forearm and medial/lateral elbow with a positive CMC (Carpometacarpal) grind test. The diagnoses included lateral epicondylitis, forearm tendinitis, and mild carpal tunnel syndrome. The treatment plan included an epicondyle brace, medication therapy, acupuncture, and home exercises. The Request for Authorization dated 01/02/2014 was in the documentation provided; the rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Anaprox DS is non-certified. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short term symptomatic relief of pain. However, there is no significant clinical evidence in the documentation provided of the efficacy of the prescribed medication. Furthermore, the dose and quantity is not indicated on the request. Therefore, based on the documentation provided, the request for Anaprox DS is not medically necessary and appropriate.

OMEPRAZOLE *12 REFILLS*: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, PROTON PUMP INHIBITOR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for omeprazole with 12 refills is non-certified. The California MTUS Guidelines recommend the use of proton pump inhibitors when the injured worker is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker is on NSAIDs; however, there is no evidence in the documentation provided of a risk for gastrointestinal events. The request for the NSAIDs has also been non-certified. Furthermore, the dose and quantity is not indicated in the request. The request for 12 refills does not allow for monitoring of the efficacy of the prescribed medication. Therefore, based on the documentation provided, the request for Omeprazole with 12 refills is not medically necessary and appropriate.