

Case Number:	CM14-0131563		
Date Assigned:	09/03/2014	Date of Injury:	04/03/2013
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 46-year-old male who is reported to have sustained work-related injuries to his upper extremity on 04/03/13. He is noted to have cervical pain and bilateral epicondylitis. He is status-post ultrasound guided percutaneous tenotomy on 05/06/14. Postoperatively, he has received physical therapy. On 06/09/14, he is reported to have bilateral upper extremity pain that is improving with physical therapy and oral medications. Most recent clinical note dated 08/13/14 in which it is noted that the injured worker has significant improvement and has not been utilizing oral medications. The record includes a utilization review determination dated 07/23/14 in which request for Anaprox 550mg #90, Protonix 20mg #60, and Diclofenac Sodium 1.5% Topical Analgesics 60g were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium-Anaprox 550mg #90: Upheld

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

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

Decision rationale: The request for Anaprox 550mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status-post percutaneous tenotomy performed on 05/06/14. He has undergone postoperative rehabilitation with benefit. Per clinical note dated 08/13/14, the injured worker has not been utilizing medications. As such, the medical necessity for continued use of this medication is not established.

Pantoprazole-Protonix 20mg #60 (MS) dos: 6/9 refilled: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: The request for Protonix 20mg #60 is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status-post Percutaneous Tenotomy performed on 05/16/14. The submitted clinical records provide no data, which establishes that the injured worker suffers from, and NSAID-induced gastritis in which this medication would be clinically indicated. As such, the medical necessity is not established.

Diclofenac Sodium 1.5% 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Diclofenac Sodium 1.5% 60g is not supported as medically necessary. The submitted clinical records indicate that the injured worker is status-post a Percutaneous Tenotomy on 05/06/14. Postoperatively is noted to be doing well. The records do not provide any data, which establishes such use of this Topical Analgesic results in any, subsidize functional benefits. As such, the medical necessity is not established.