

Case Number:	CM14-0164469		
Date Assigned:	10/09/2014	Date of Injury:	06/14/2010
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 42-year-old female with a date of injury on June 14, 2010. The listed diagnoses are bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, and right flexor carpi radialis tendinitis. It has been reported that the claimant underwent revision right carpal tunnel release and right cubital tunnel release in July 2014. The documented medication regimen as of September 15, 2014 consisted of Ibuprofen, Prilosec and Medrol dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

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

Decision rationale: According to the California Chronic Pain Medical Treatment Utilization Schedule and the Official Disability Guidelines, the use of proton pump inhibitors is recommended when the following risk factors are present:(1) age > 65 years; (2) history of

peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acids, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drugs. A history of ulcer complications is the most important predictor of future ulcer complications associated with nonsteroidal anti-inflammatory drug use. Upon review of the submitted clinical notes, the medical necessity for the use of Omeprazole has not been established absent documentation of any of the above risk factors. Therefore, it is not considered medically necessary.

Menthoderm ointment gel 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Topical Analgesics

Decision rationale: According to the submitted clinical notes, as of September 15, 2014 the claimant was not using Menthoderm, only Ibuprofen, omeprazole, and a Medrol Dosepak. Medical necessity has not been established. Therefore, the requested service is not considered medically necessary.

Naproxen #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Naproxen

Decision rationale: According to the progress report dated September 15, 2014, the claimant was taking Ibuprofen not Naproxen. Documentation regarding ongoing use of Naproxen is absent. Medical necessity has not been established. The requested service is not considered medically necessary.

Tramadol #30: 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 Tramadol (Ultram), Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tramadol

Decision rationale: According to the progress report dated September 15, 2014 the claimant was taking ibuprofen, omeprazole and Medrol Dosepak. Documentation regarding ongoing use of tramadol ER is absent. Medical necessity has not been established. The requested service is therefore not considered medically necessary.