

Case Number:	CM14-0026333		
Date Assigned:	06/13/2014	Date of Injury:	07/19/2011
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine, and is licensed to practice in Texas. 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 sustained an injury on 7/19/11. No specific mechanism of injury was noted. Rather, this was a cumulative trauma injury that occurred throughout 2012. The injured worker was followed for ongoing complaints of left ring trigger finger. Prior surgical intervention included left trigger finger release in October 2012. Further trigger finger releases for the hands were recommended. Medication history was pertinent for Ketoprofen and omeprazole. The injured worker received post-operative physical therapy following prior carpal tunnel releases and trigger finger releases. The injured worker was followed by [REDACTED] for pain management. Medications prescribed by this physician included Ketoprofen, omeprazole, Orphenadrine, Medrox pain ointment, tramadol, and hydrocodone. The clinical record from [REDACTED] on 12/10/13 noted complaints of bilateral hand pain and swelling. Physical examination noted limited range of motion of the left fourth digit. Tinel's and Phalen's signs were positive bilaterally. The injured worker had reduced grip strength. Follow-up with [REDACTED] on 2/5/14 noted the injured worker had been pending hand specialist consult. The injured worker had been utilizing a TENS unit for pain in the upper extremities. Physical examination findings at this visit remained unchanged. Medications at this visit included omeprazole DR 20mg #30 and Ketoprofen 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20 MG: Upheld

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

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

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage, including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request was not specific in regards to duration or quantity. Given the lack of any clinical indication for the use of a proton pump inhibitor, the request is not medically necessary.

KETOPROFEN 75 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

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

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence-based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. The request is not medically necessary.