

Case Number:	CM14-0039490		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2014
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 37 year old female injured on 01/30/14 as a result of cumulative trauma while typing and her left hand became numb. Current diagnoses include wrist sprain/strain. Clinical note dated 02/07/14 indicates the injured worker presented complaining of intermittent left wrist pain rated at 5/10 aggravated by repetitive use. Physical exam of the wrist revealed tenderness to palpation in the volar aspect, positive Tinel's, positive Phalen's, and decreased range of motion. Medications include Lorazepam 1mg, Atenolol 25mg, and Vicodin 7.5mg. The injured worker was recommended to continue physical therapy per plan of care. Initial request for Feldene #30 and Prilosec 20mg #30 was initially not medically necessary on 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Feldene #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 NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: As noted on page 73 of the Chronic Pain Medical Treatment Guidelines, it is indicated that pain is not listed as an Food and Drug Administration (FDA) approved indication.

In addition, according to the Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Report on non-steroidal anti-inflammatory medications (NSAIDs), piroxicam has the highest risk of upper gastrointestinal (GI) bleeding, the highest risk of myocardial infarction, and it was also associated with Stevens-Johnson syndrome and toxic epidermal necrolysis. Piroxicam is not recommended as a first-line NSAID. There is no indication that the injured worker cannot tolerate other NSAIDs. As such, the request for Feldene #30 cannot be recommended as medically necessary.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. As such, the request for Prilosec 20 mg #30 cannot be recommended as medically necessary.