

<b>Case Number:</b>	CM14-0053367		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 23-year-old female who was reportedly injured on June 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of left wrist pain. The physical examination demonstrated tenderness along the dorsal aspect of the left wrist as well as a positive Tinel's and Phalen's tests. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications and topical analgesics. A request was made for Naproxen, Omeprazole and Condrolite and was not certified in the pre-authorization process on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Condrolite 500/200/150 mg#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Glucosamine/Chondroitin, updated June 5, 2014.

**Decision rationale:** Condrolite has a combination of glucosamine chondroitin and methylsulfonylmethane. According to the Official Disability Guidelines, glucosamine/chondroitin is indicated as an option for osteoarthritic pain. According to the medical record, the injured employee is only 23 years old and has been diagnosed with a wrist strain. Therefore, this request for Condrolite is not medically necessary.

**Naproxen 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, Naproxen is an a nonsteroidal anti-inflammatory medication indicated for the relief of the signs and symptoms of osteoarthritis. Although it is a first-line treatment agent to reduce pain and improve activity long-term use, it may not be warranted. The medical record did not indicate that there has been a decrease of the injured employee's pain and improvement of the function with the usage of this medication. This request for Naproxen is not medically necessary.

**Omeprazole 20 mg #60:** Upheld

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

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

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee did not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Omeprazole is not medically necessary.