

<b>Case Number:</b>	CM14-0056793		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old female who reported an injury on 01/18/2008. The mechanism of injury was repetitive use. The injured worker's medical history included Prilosec and Diclofenac ER as of at least 06/2013. Other medications included Flexeril tablets 7.5 mg, naproxen 550 mg, Neurontin 600 mg, tramadol ER 150 mg, Medrox patches, and Terocin cream, as well as Voltaren 30 mg tablets. The prior diagnostic studies included an EMG/NCV. The surgical history was not provided. The documentation of 03/11/2014 revealed the injured worker had an MRI that revealed avascular necrosis. The injured worker was utilizing a rigid brace. The injured worker had access to cold and heat wrap as well as a TENS unit. The objective findings revealed tenderness along the thumb on ulnar carpals. The injured worker had tenderness along the radial ulnar joint and mild tenderness along the extensor carpi ulnaris. The grip strength was weak. The diagnoses included bilateral carpal tunnel syndrome, CMC joint inflammation of the thumb bilaterally, and stenosing tenosynovitis along the A1 pulley of the ring finger on the right and radial ulnar joint inflammation on the right status post injection and avascular necrosis of the lunate on the wrist where she had the element of sprain on the right. The treatment plan included Diclofenac 100 mg extended release, Protonix 20 mg #60 due to stomach irritation that she wants protection from, and 6 sessions of physical therapy. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) physical therapy sessions:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine treatment for myalgia neurological deficit myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy. The request as submitted failed to indicate the body part to be treated with physical medicine treatment. Given the above, the request for Six (6) physical therapy sessions is not medically necessary and appropriate.

**Protonix 20 mg # 60:** 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 Page(s): 69.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had stomach irritation and wanted protection. The injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary.

**Diclofenac ER 100 mg # 60:** 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 Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for Diclofenac ER 100 mg #60 is not medically necessary.