

Case Number:	CM14-0057546		
Date Assigned:	07/09/2014	Date of Injury:	01/06/2014
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	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 and 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 40-year-old female with reported injury on 01/06/2014. The mechanism of her injury was that she received a contusion to the volar aspect of the left wrist when she hit a jagged edge of a plastic bin. The injured worker had an examination on 03/31/2014 with left upper extremity pain, numbness, and tingling. She did have a continuation of modified duty and she did have a referral to hand therapy and a prescription for a brace. The injured worker continued to complain of pain and numbness and tingling in the first aspect of the 4th digit. She explained that the pain was worse when she was lifting, gripping or grasping and utilizing the left upper extremity. She also complained of aching pain in the right upper extremity due to the repetitive motion. The current list of medication showed Aleve. The injured worker did have a urinalysis on 03/31/2014 also, which was negative for amphetamines, methamphetamines, barbiturates, benzodiazepines, cocaine, and methadone, opiates, oxycodone, PCP, tricyclic antidepressant medications. The injured worker did have psychological testing that showed high levels of symptomatic distress, intensity distress, and somatization. Her diagnoses included contusion injury of the left wrist with a left median neuritis and myofascial pain, left cervicobrachial syndrome, left shoulder girdle, left upper arm, and left forearm. The recommended plan of treatment was to give her a trial of the naproxen and Protonix. The Request for Authorization was not provided for the medications, although it was provided for the drug screen on 03/31/2014, but it was not signed. The rationales were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Naproxen 550mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do recommend a Non-steroidal anti-inflammatory drug (NSAID), which is a nonsteroidal anti-inflammatory drug, at the lowest dose for the shortest period of time in patients with moderate to severe pain. There was no efficacy provided of current medications. The guidelines state that Tylenol (acetaminophen) may be considered for initial therapy. For mild to moderate factors the full dose of Naproxen is 500 mg. The request is for 550 mg, which is not the lowest dose possible. Also, the request for the naproxen does not have directions for frequency and duration. Therefore, the request for the Naproxen is not medically necessary and appropriate.

Prescription of Protonix 20mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SAID, GI Symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Protonix for patients that may be at risk for gastrointestinal events such as a history of peptic ulcer, GI bleed or perforation, or concurrent use of aspirin, corticosteroids, and/or an anticoagulant or a high dose multiple NSAID. The injured worker is apparently just starting the NSAID and she has not had any record of any complaints of any GI symptoms and she is not on an anticoagulant. Furthermore, the request for the Protonix does not come with directions for frequency and duration. Therefore, the request for the Protonix is not medically necessary and appropriate.

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule MTUS guidelines recommend drug screening for patients with the treatment of issues with abuse, addiction, or poor pain control. Also, it is used for patients that are on opioids to determine if there is aberrant

or nonadherent drug related behaviors. There is no record or evidence that the injured worker is on any opioids and the injured worker did have a urinalysis done on 03/31/2014, which all that was tested for was negative. Therefore, the 1 urine drug screen test is not medically necessary and appropriate.