

Case Number:	CM14-0059376		
Date Assigned:	07/09/2014	Date of Injury:	02/04/2010
Decision Date:	09/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Florida. 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 42-year-old female who reported an injury on 02/04/2010 due to an unknown mechanism. The diagnosis were cumulative trauma injury of the cervical spine and bilateral upper extremities, cervical spine sprain/strain, right shoulder rotator cuff tendinitis/bursitis, bilateral hand/wrist strain with carpal tunnel syndrome, and de Quervain's tenosynovitis. Past treatment reported was physical therapy, wrist braces, and steroid injection to the right wrist. Diagnostic studies were an electromyography (EMG) that revealed carpal tunnel syndrome for the right arm, and magnetic resonance imaging (MRI) dated 05/22/2014. Surgical history was status post right carpal tunnel release, de Quervain's release 11/08/2012, and status post left carpal tunnel release 06/27/2013. Physical examination on 05/16/2014 revealed tenderness to palpation about the anterolateral shoulder in supraspinatus. There was mild tenderness extending to the pectoralis. There was restricted range of motion due to complaints of discomfort and pain. There was rotator cuff weakness noted. There were no subjective complaints noted. Examination of the right wrist revealed mild tenderness over the scar from carpal tunnel release. There was full range of motion. Examination of the left wrist/hand revealed tenderness to palpation over carpal tunnel. The injured worker could not touch thumb to small finger actively, but was able to passively. There was a positive Finkelstein's test. The grip strength was 4/5. Medications were not reported. Treatment plan was to order an MRI of the cervical spine. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 69.

Decision rationale: The California Medical Treatment Utilization Schedule states clinicians should determine if the patient is at risk for gastrointestinal events, which include age greater than 65 years, a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or using a high dose/multiple dose of NSAIDs. Patients with no risk factor and no cardiovascular disease, nonselective NSAIDs are okay. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or misoprostol or a COX-2 selective agent is suggested. Long-term proton pump inhibitor use greater than 1 year has been shown to increase the risk of hip fracture. The documents submitted for review did not report any gastrointestinal events or medications that the injured worker was taking. The efficacy of this medication was not reported. In addition, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.