

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0074397 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 03/24/2008 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/21/2014 |

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 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 records presented for review indicate that this 43 year-old individual was reportedly injured on 3/24/2008. The mechanism of injury is not listed the most recent progress note, dated 4/22/2014 indicates that there are ongoing complaints of right wrist pain. The physical examination demonstrated right wrist: Patience wearing to sleep on the right upper extremity, decreased overall edema compared to previous visits and continues to have positive tenderness to palpation of the right dorsal wrist. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Prilosec 20 mg #30, Motrin 800 mg #180 and was not certified in the pre-authorization process on 5/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: MTUS guidelines support the use of Proton Pump Inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not medically necessary.

MOTRIN 800 MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70 of 127.

Decision rationale: Anti-inflammatories such as Motrin are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. After review the medical records provided the patient has been on this medication for significant periods of time, without documentation of improvement in function or decrease in pain the continued use of this medication is deemed not medically necessary also, there is no documentation of periodic lab monitoring of the CBC in chemistry profile. This request is not medically necessary.