

Case Number:	CM14-0094740		
Date Assigned:	07/25/2014	Date of Injury:	02/25/2012
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 48-year-old female who reported an injury on 02/25/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/08/2014 indicated diagnoses of right volar radial side ganglion cyst status post right carpal tunnel release, right de Quervain's tenosynovitis, right elbow sprain/strain, status post right TFCC repair dated 10/24/2013, and left carpal tunnel syndrome. The injured worker reported moderate to sharp right wrist pain and discomfort with numbness and tingling in the right forearm. On physical examination, there was a well healed right TFCC scar that was mildly swollen; no signs of infection; mild pain on the dorsal volar flexion. The injured worker's treatment plan included naproxen, omeprazole, tramadol, Methoderm, and a urine toxicology screen. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included retrospective request for Prilosec dated 05/13/2014 and retrospective request for naproxen dated 05/13/2014. However, the medical records provided do not have a retrospective date of 05/13/2014. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Prilosec 20mg (qty unknown) DOS 05/13/14: 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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Retrospective Request for Prilosec 20mg (qty unknown) DOS 05/13/14 is not medically necessary. The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforation, or ulcer. In addition, there is a lack of documentation of efficacy and functional improvement with the use of Prilosec. Furthermore, the request does not indicate a frequency or quantity for the Prilosec. Therefore, the request is not medically necessary.

Retrospective Request for Naproxen 550mg (qty unknown) DOS 05/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Retrospective Request for Naproxen 550mg (qty unknown) DOS 05/13/14 is not medically necessary. The California MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of naproxen. In addition, it was not indicated how long the injured worker had been prescribed naproxen. Furthermore, the request does not indicate a frequency or quantity for the naproxen. Therefore, the request for naproxen is not medically necessary.