MAXIMUS Federal Services

Case Number:	CM14-0188497		
Date Assigned:	11/19/2014	Date of Injury:	08/30/2012
Decision Date:	01/07/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 patient is a 39-year-old male who has submitted a claim for left shoulder adhesive capsulitis, left shoulder rotator cuff tear, left wrist pain and right De Quervain's syndrome associated with an industrial injury date of 8/30/2012.Medical records from 2014 were reviewed. The patient complained of left shoulder pain associated with stiffness and weakness. He likewise complained of left wrist pain rated 6/10 in severity described as feeling of giving way, sharp and shooting. Examination of the left shoulder showed tenderness, positive Yergason's test, positive Speed's test, limited motion, weakness rated 4/5, positive Hawkin's sign and positive Neer's sign. Examination of the left wrist showed tenderness, dysesthesia at 4th and 5th digits, popping sensation and painful range of motion.Treatment to date has included physical therapy, cortisone injection to the left shoulder, Voltaren gel (since September 2014), naproxen, omeprazole and venlafaxine. Omeprazole was prescribed for reflux symptoms.The utilization review from 10/15/2014 denied the request for omeprazole 20 mg #30 because of no evidence of gastrointestinal risk factors; denied Voltaren gel 1% because of no evidence of failure of first-line therapy; and denied MRI of the left wrist because of absence of red flag findings to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient is a 39-year-old male with complaints of reflux secondary to oral medication intake, i.e., naproxen and venlafaxine. The medical necessity for prescribing PPI has been established. Therefore, the request for omeprazole 20mg, #30 is medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Topical diclofenac is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, the patient has reflux symptoms necessitating use of a topical pain medication. He was prescribed Voltaren gel since September 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, the present request as submitted failed to specify quantity to be dispensed. Therefore, the request for Voltaren gel 1% is not medically necessary.

MRI of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Section, Magnetic Resonance Imaging

Decision rationale: CA MTUS ACOEM Practice Guideline states that MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex (TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbck disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-

rays; to diagnose suspected soft-tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. Official Disability Guidelines state that MRI has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. In this case, the patient complained of left wrist pain rated 6/10 in severity described as feeling of giving way, sharp and shooting. Examination of the left wrist showed tenderness, dysesthesia at 4th and 5th digits, popping sensation and painful range of motion. MRI is a reasonable diagnostic option at this time given the patient's clinical manifestations. Therefore, the request for MRI of the left wrist is medically necessary.