

Case Number:	CM15-0006128		
Date Assigned:	01/20/2015	Date of Injury:	06/11/2014
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 51-year-old female who reported an injury on 06/11/2014. The mechanism of injury was due to pushing and lifting. Her past treatments included physical therapy, surgery, and medications. Her diagnoses included right chronic wrist pain; right de Quervain's disease; pain in the joint of the forearm; other synovitis and tenosynovitis; and status post left lateral epicondylitis surgery. On 01/16/2015, the injured worker presented with minimal pain and discomfort. The physical examination revealed tenderness to palpation over the incision of the left groin, with no drainage noted. The relevant medications were noted to include Naprosyn and Prilosec. The treatment plan included Naprosyn and Prilosec. A rationale was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxyn 550mg quantity 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxyn 550 mg quantity 60 with 1 refill is not medically necessary. According to the California MTUS Guidelines, they recommend the use of NSAIDs for injured workers with osteoarthritis, to include the knee and hip, in patients with acute exacerbations of chronic low back pain. The guidelines further recommend that NSAIDs should be used at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. The guidelines also indicate that initial therapy of acetaminophen should be considered for mild to moderate pain and for those with gastrointestinal risk factors. The injured worker was indicated to be status post groin hernia surgery. However, there was lack of documentation to indicate the injured worker had initial therapy of acetaminophen; and osteoarthritis in the joints; and had an acute exacerbation of chronic low back pain. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Prilosec 20mg quantity 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69-69..

Decision rationale: The request for Prilosec 20 mg quantity 60 with 1 refill is not medically necessary. According to the California MTUS Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The assessment includes determining if the injured worker is over the age of 65; has a history of peptic ulcers, GI bleeding, or perforation; has concurrent use of ASA, corticosteroids, and/or anticoagulants; or has high dose/multiple NSAID use. Furthermore, the guidelines indicate proton pump inhibitors may be used for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to be status post groin hernia repair. However, there was lack of documentation to indicate the injured worker had undergone a GI or cardiovascular risk assessment. In addition, there was lack of documentation to indicate the injured worker required proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.