MAXIMUS Federal Services

Case Number:	CM15-0007705		
Date Assigned:	01/26/2015	Date of Injury:	01/23/2012
Decision Date:	04/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, 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 46 year old female with a date of injury as 01/23/2012. The current diagnoses include right ankle ID, arthroscopy 01/20/2013, lumbosacral radiculopathy, left hip pain, and left cubital tunnel syndrome. Previous treatments include medications, Toradol injection, wrist brace, and arthroscopy. Report dated 12/11/2014 noted that the injured worker presented with complaints that included continued left ankle pain, left wrist pain, and left hip pain. The pain ranged from 7-9/10 while on medications. The injured worker uses a cane for ambulation. Physical examination revealed tenderness to palpation distal ulnar, positive Tinel's sign, the remainder of the physical was not legible. Nerve conduction study from 05/06/2014 was included in the documentation submitted, findings were abnormal. Documentation supports that the injured worker was previously prescribed a wrist brace. There was no detailed evaluation of functionality with use of the medication, nor was there documentation of gastrointestinal symptoms. The injured worker is not working. The utilization review performed on 12/18/2014 non-certified a prescription for wrist brace no diagnostic studies confirming carpal tunnel syndrome, omeprazole based on the non-certification of ibuprofen, and ibuprofen based on no evidence of objective functional improvement with medication use. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, immobilization of the wrist is recommended as 1st line for carpal tunnel and DeQuervains but prolonged immobilization with a splint or brace is optional as it could lead to stiffness. In this case, the injury was not acute and the indefinite use of a wrist brace is not justified. Therefore, the purchase of a wrist brace is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Ibuprofen for several months. The claimant had required the use of Omeprazle for GI protection while on NSAIDs. The claimant had also received Toradol injections (another NSAID) along with codeine while on the medication. The claimant had 7-7-9/10 pain while on medications. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.