

<b>Case Number:</b>	CM15-0016838		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female who reported an injury on 01/05/2012 due to an unspecified mechanism of injury. On 01/12/2015, she presented for a followup evaluation. She was noted to be status post left trigger finger release performed on 11/20/2014. She reported 3/10 left wrist and hand as well as 3rd finger pain which was improving, 5/10 left ankle pain, and 5/10 low back pain with left lower extremity symptoms. Her medications included tramadol ER twice a day and naproxen 550 mg twice a day as well as pantoprazole 20 mg twice a day. A physical examination showed triggering of the 3rd finger of the left hand which remained unchanged. There was tenderness to the left ankle with pain with range of motion of the foot and ankle. Lumbar range of motion was noted to be 50% of normal with flexion, 40% of normal with extension, 40% of normal with right and left lateral tilt and 50% of normal with right rotation. There was also a positive straight leg raise on the left for foot pain. She was diagnosed with left 3rd finger trigger finger, low back pain with left lower extremity symptoms, and left ankle pain. The treatment plan was for naproxen sodium 550 mg twice a day #60 and pantoprazole twice a day #3. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg Bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDS are recommended for the short term symptomatic relief of low back pain. The documentation provided for review does not show that the injured worker has a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, it is unclear how long she has been using this medication and without this information continuing would not be supported as it is only recommended for short term treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Pantoprazole 20mg Bid #3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided for review does not indicate that the injured worker is at high risk for gastrointestinal events due to NSAID therapy or that she has reported dyspepsia secondary to NSAID therapy. Without this information, the request would not be supported. Furthermore, the request does not state the frequency of the medication. Therefore, the request is not supported. As such, the request is not medically necessary.