

Case Number:	CM15-0130242		
Date Assigned:	08/18/2015	Date of Injury:	10/13/2014
Decision Date:	09/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 30 year old male, who sustained an industrial injury on 10-13-14 Initial complaints were not reviewed. The injured worker was diagnosed as having left wrist pain; numbness' limb pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-27-15 indicated the injured worker is in the office for a re-evaluation of his left wrist and hand pain. The pain is reported as unchanged and he is scheduled for an EMG/NCV of the left upper extremity on this date and the provider documents the results were normal and without evidence of a radiculopathy or entrapment neuropathy. He has tried and failed physical therapy and currently using Norco 5mg for pain so he can sleep better. He is requesting a refill of Norco on this visit. His last refill was several months ago. His pain is reported as aching in the left wrist with burning and numbness in the left pinky finger. He gets aching pain in the left elbow, shoulder and neck as well. The pain is worse with bending, lifting, and lying down. It is made better with medication. He rates his pain as 8 out of 10 without medication and 2 out of 10 with medication. On physical examination of the cervical spine and left upper extremity the provider documents 5 out of 5 for bilateral upper extremity strength; sensation is intact except for the left pinky; Spurling's test is negative and there is no clonus or increased tone. There is tenderness over the left cervical paraspinals and cervical range of motion is within normal limits. The provider's treatment plan included to continue with Norco, and will add a trial of Naproxen for inflammation and pain. He is also prescribing Omeprazole to prevent GERD symptoms with the oral NSAIDS. The provider is requesting authorization of Retrospective Prilosec 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 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 NSAID Page(s): 68.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.