

<b>Case Number:</b>	CM15-0133959		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/07/1994
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, New York  
 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:

This is a 58-year-old female with an October 7, 1994 date of injury. A progress note dated February 25, 2015 documents subjective complaints (pain in the left upper extremity with some intermittent numbness in the left hand and wrist), objective findings (decreased sensation to pinprick over the volar aspect of the thumb, index, and middle fingers), and current diagnoses (status post bilateral carpal tunnel releases with residuals; left shoulder rotator cuff tendinopathy). Treatments to date have included bracing, bilateral carpal tunnel release, and medications. The medical record indicates that medications help with pain relief and functional improvement. The treating physician documented a plan of care that included Voltaren and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 75mg, #60 with 2 refills:** 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 Anti-inflammatory medication Page(s): 22.

**Decision rationale:** The request for Voltaren is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. The patient was on multiple medications but it is unclear which is contributing to his decrease in pain. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.

**Prilosec 20mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medications and gastrointestinal symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI NSAIDS, GI prophylaxis.

**Decision rationale:** The request for Prilosec is not medically necessary. The patient suffered from GI symptoms due to Voltaren. However, because Voltaren will not be certified, GI prophylaxis and treatment is not needed. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.