

Case Number:	CM15-0163464		
Date Assigned:	08/31/2015	Date of Injury:	05/27/2011
Decision Date:	10/22/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of May 27, 2011. In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for omeprazole and Voltaren apparently prescribed and/or dispensed on or around June 17, 2015. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated April 6, 2015, the medical-legal evaluator noted that the applicant was no longer seemingly working for her former employer. The applicant was on Nexium, Xanax, zolpidem, and Re stasis, it was reported. On May 6, 2015, the applicant was asked to employ Voltaren for pain relief. Prilosec was being employed in the face of the applicant's history of reflux. The applicant was described as having ongoing complaints of forearm, hand, and wrist pain. Permanent work restrictions were renewed. It did no appear that the applicant was working with said limitations in place. Little-to-no discussion of medication efficacy transpired. On June 17, 2015, the applicant reported ongoing complaints of hand, wrist, and forearm pain with associated upper extremity paresthesias. The applicant was not working, it was reported. The applicant was asked to continue Prilosec, given her history of GERD. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.17.15 Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: No, the request for omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as was reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice recommendations. Here, a medical-legal reported on April 6, 2015 that the applicant was receiving Nexium from one provider. The applicant's primary treating provider (PTP), thus, did not seemingly reconcile the applicant's receipt of one proton pump inhibitor, Nexium from another provider, with his decision to prescribe a second proton pump inhibitor, omeprazole (Prilosec). Therefore, the request was not medically necessary.

Retro DOS: 6.17.15 Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, multiple progress notes, referenced above, including those dated June 17, 2015 and May 6, 2015 failed to incorporate any seeming discussion of medication efficacy. The applicant was not working; it was reported on June 17, 2015. The attending provider(s) failed to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Voltaren usage. Permanent work restrictions were renewed, unchanged from visit to visit, including on June 17, 2015. The applicant was not working with said limitations in place, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTU9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.