

Case Number:	CM15-0165693		
Date Assigned:	09/03/2015	Date of Injury:	02/03/2012
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 61-year-old male who sustained an industrial injury to his right wrist on 02-03-2012 while putting pallets together. The injured worker was diagnosed with right wrist and elbow strain. The injured worker is status post right ulnar shaft shortening osteotomy in April 2013. Treatment to date has included diagnostic testing with recent Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral upper extremities in March 2015, right wrist surgery, physical therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on July 20, 2015, the injured worker continues to experience right wrist pain that radiates to the right elbow rated at 3 out of 10 on the pain scale and down to 0-1 out of 5 of 10 with medications. The injured worker reported improvement. Examination of the right wrist demonstrated a well-healed surgical scar over the ulnar aspect of the distal forearm with tenderness to palpation over the dorsal compartment with full range of motion in all planes. Neurovascular status was intact. Current medications were listed as Naproxen and topical analgesic creams. Treatment plan consists of follow-up with hand surgeon, continuing physical therapy, continuing with medication regimen and the current request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60 (retrospective DOS 7/20/15): 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with pain in the right wrist that radiates to the right elbow and right hand rated 3/10. The request is for PRILOSEC 20 MG QTY 60 (RETROSPECTIVE DOS 7/20/15). The request for authorization is dated 07/30/15. Physical examination of the right wrist revealed that the skin was intact. There was tenderness to palpation over the dorsal compartment. There was full active range of motion on all planes. Neurovascular status was intact distally. The patient takes Prilosec and Naprosyn, which he states, help. Per progress report dated 08/10/15, the patient is returned to modified work. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. The patient has been prescribed Prilosec since at least 03/31/15. In this case, the patient is prescribed Naproxen, an NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing; discuss what gastric complaints there are, and why he needs to continue. Therefore, the request IS NOT medically necessary.