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| Case Number: | CM15-0180284 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 04/21/2015 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 40 year old male, who sustained an industrial injury on 4-21-15. The injured worker has complaints of pain right long finger with locking. The documentation on 8-12-15 under physical examination noted tenderness to palpation right long finger with locking and release proximal interphalangeal joint, no atrophy, carpal compression normal 7. The documentation noted that the pain is better and locking continues. The injured worker is doing less gripping, working with metal and using pedals for three weeks. Electromyography and nerve conduction study on 5-15-15 was normal. The diagnoses have included right 3rd trigger finger. Treatment to date has included cortisone injections with temporary relief; ibuprofen with no sufficient pain control and occupational therapy failure. The documentation noted that the injured worker had been offered surgery in July and it was deferred. The original utilization review (9-14-15) non-certified the request for electromyography and nerve conduction velocity study of the upper extremities and omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuromuscular and Electrodiagnostic Medicine.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient had a recent EMG/NCS on 5/15/15 with reported normal findings for diagnosis of trigger finger. The patient had recent electrodiagnostic studies without remarkable findings for continued symptoms complaints without dermatomal/myotomal clinical findings to established definitive radiculopathy or entrapment syndromes. Additionally, current submitted reports have not adequately demonstrated any ADL limitations or change in symptoms and clinical findings suggestive of deterioration. There are also no identified new injuries, acute flare-up or red-flag conditions with changed chronic symptoms and clinical findings to support repeating the electrodiagnostic study. The EMG/NCV of the upper extremities is not medically necessary and appropriate.

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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.