

Case Number:	CM15-0181418		
Date Assigned:	09/22/2015	Date of Injury:	03/14/2002
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old woman sustained an industrial injury on 3-14-2002. The mechanism of injury is not detailed. Diagnoses include status post bilateral carpal tunnel release with recurring left carpal tunnel on the left and cervical spine sprain-strain with radiculitis-radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 8-21-2015 show complaints of neck pain rated 9 out of 10 and bilateral wrist pain rated 8 out of 10. The physical examination shows right wrist range of motion shows extension 20 degrees, flexion 20 degrees, radial deviation 10 degrees, ulnar deviation 10 degrees, tenderness to the distal radioulnar joint and at the triangular fibrocartilage complex, healed carpal tunnel surgery scar, left wrist range of motion shows extension 25 degrees, flexion 25 degrees, radial deviation 20 degrees, ulnar deviation 20 degrees, Tinel's sign is markedly positive, Phalen's sign is markedly positive, tenderness is noted at the distal radioulnar joint and triangular fibrocartilage complex, abnormal two point discrimination greater than 8mm is noted at the median nerve, cervical spine range of motion shows forward flexion 20 degrees, extension 20 degrees, right rotation 55 degrees, left rotation 45 degrees, lateral bending to the right 10 degrees, lateral bending to the left 10 degrees, positive foraminal compression test, positive Spurling's test, tightness and spasm is noted in the trapezius, sternocleidomastoid, and bilateral straps muscle, and reflexes are normal and symmetric. Recommendations include continue physical therapy, cervical spine epidural steroid injection, further surgical intervention, laboratory testing, Voltaren XR, Prilosec, and follow up in six weeks. Utilization Review denied a request for Voltaren and Prilosec citing the documentation does not support that NSAIDs are providing adequate pain relief or improved functional abilities, and long term NSAID use is not recommended. Further, there is no description of any gastrointestinal complaints and Voltaren is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60 take by mouth 1 capsule twice a day: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: This 52 year old female has complained of wrist pain and neck pain since date of injury 3/14/2002. She has been treated with surgery and medications to include NSAIDS for at least 4 weeks duration. The current request is for Voltaren XR. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Voltaren XR is not indicated as medically necessary in this patient.

Prilosec 20mg #60 take by mouth 1 tablet twice a day: 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: This 52 year old female has complained of wrist pain and neck pain since date of injury 3/14/2002. She has been treated with surgery and medications to include NSAIDS. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.