

Case Number:	CM15-0182856		
Date Assigned:	09/23/2015	Date of Injury:	06/11/2013
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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 29-year-old who has filed a claim for chronic finger and hand pain reportedly associated with an industrial injury of June 11, 2013. In a utilization review report dated September 16, 2015, the claims administrator retrospectively denied a request for omeprazole and oral Voltaren Gel apparently prescribed and/or dispensed on or around May 19, 2015. An office visit of May 19, 2015 and an RFA form of September 11, 2015 were referenced in the determination. On March 10, 2015, the applicant reported ongoing complaints of hand and finger pain. Voltaren and Prilosec were renewed. The applicant was not working, it was acknowledged. The applicant had undergone multiple finger procedures. The applicant was pending further finger surgery, it was suggested. No seeming discussion of medication efficacy transpired. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On May 6, 2015, the applicant underwent a left ring finger PIP prosthetic implant arthroplasty, central slip reconstruction of the left ring finger, collateral ligament reconstruction of the left ring finger, and excision of scar contractions about the left ring finger and hand with advancement flaps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Omeprazole 20 mg #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: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The request was framed as a retrospective request for omeprazole apparently prescribed and/or dispensed on or around May 19, 2015. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple office visits, referenced above. Therefore, the request is not medically necessary.

Retrospective pharmacy purchase of Voltaren 100 mg #60 DOS 5/19/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Conversely, the request for oral Voltaren, an anti-inflammatory medication, is medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic hand, wrist, and finger pain reportedly present here. The date of service in question, May 19, 2015, moreover, represented a period of approximately two weeks removed from the date the applicant underwent a fairly prominent left ring finger procedure of May 6, 2015. Provision of oral Voltaren was, thus, indicated to ameliorate postoperative pain complaints the claimant may have had on or around the date in question. While this request, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in MTUS 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS during the postsurgical physical medicine. Since page 22 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, it was therefore invoked.