

Case Number:	CM15-0189375		
Date Assigned:	10/01/2015	Date of Injury:	07/03/2013
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 07-03-2013. The injured worker is currently able to work with restrictions (no use of the right arm). Medical records indicated that the injured worker is undergoing treatment for status post amputation of the right long finger through the proximal phalanx, post-traumatic stiffness to right hand, right wrist and forearm strain, right shoulder adhesive capsulitis, and trapezial and paracervical strain. Treatment and diagnostics to date has included right finger surgery and use of medications. Current medications include Voltaren (100mg every day with food) and Prilosec (20mg twice a day). After review of the most recent progress note received (dated 04-01-2015), the injured worker reported, "His pain and mobility are improving with therapy". Objective findings included mild swelling and tenderness over the right long finger amputation stump, mild stiffness in flexion, slight volar forearm tenderness on the right, slight right sided trapezial and paracervical tenderness, and mild stiffness in the right shoulder with some pain on range of motion. The request for authorization dated 08-28-2015 requested retrospective Omeprazole #60 and retrospective Voltaren #60. The Utilization Review with a decision date of 09-01-2015 non-certified the request for retrospective Omeprazole 20mg #60 and retrospective Voltaren 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #60 (unspecified DOS): Overturned

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 claimant sustained a work injury in July 2013 and underwent a right third finger amputation in February 2015 at the proximal interphalangeal joint after failure of prior surgical procedures. He has a history of gastroesophageal reflux disease. In April 2015 he was participating in therapy. His pain and mobility were improving. He had mild swelling and tenderness. Voltaren 100 mg #60 and Prilosec 20 mg # 60 were prescribed. In July 2015 he had ongoing pain and stiffness. He was having pain radiating to the shoulder. There was slight tenderness and a fourth and fifth finger flexion contracture was present. Medications were refilled. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Voltaren (diclofenac) at a high dose. Although the usual adult dose of omeprazole for gastroesophageal reflux disease is 20 mg once a day, it may be increased to 40 mg per day if needed. The claimant is taking Voltaren at a high dose. Continued prescribing is medically necessary.

Retrospective Voltaren 100mg #60 (unspecified DOS): Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in July 2013 and underwent a right third finger amputation in February 2015 at the proximal interphalangeal joint after failure of prior surgical procedures. He has a history of gastroesophageal reflux disease. In April 2015 he was participating in therapy. His pain and mobility were improving. He had mild swelling and tenderness. Voltaren 100 mg #60 and Prilosec 20 mg # 60 were prescribed. In July 2015 he had ongoing pain and stiffness. He was having pain radiating to the shoulder. There was slight tenderness and a fourth and fifth finger flexion contracture was present. Medications were refilled. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren (diclofenac) is up to 150 mg per day, although dosing up to 200 mg can be considered. In this case, the claimant has chronic persistent pain and swelling. Although a high dose is being requested, it is still within that which can be recommended. The request is medically necessary.

