

Case Number:	CM15-0195381		
Date Assigned:	10/09/2015	Date of Injury:	04/01/2015
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on April 01, 2015. An initial evaluation dated September 01, 2015 reported subjective complaint of "persistent pain over the right wrist, as well as worsening numbness and tingling on both the median and ulnar nerve distribution." She reports therapy "did not improve the symptoms at all." There is note of administering injection into right radiocarpal joint with "complete resolution of pain," confirming the source within the radiocarpal joint. However, she still complains of right carpal tunnel syndrome and burning pain. She will be placed right hand in a protective short-arm thumb brace and continue taking anti-inflammatory medication and avoid heavy use of the hand. A primary follow up dated August 05, 2015 reported subjective complaint of "right wrist pain." She has completed 11 sessions of physical therapy "with only slight relief." There is note of pending authorization for orthopedic consultation. There is note June 2015 follow up that physical therapy put on hold pending consultation authorization. Primary follow up dated April 10, 2015 she was prescribed Ibuprofen, Ultram and discontinued Naproxen. On September 29, 2015 a request was made for Duexis #270 and occupational therapy 12 sessions treating the right wrist that were noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/28.6 mg Qty 270, 3 months supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Duexis (Ibuprofen and famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. An H2 blocker is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. Duexis contains an NSAID and an H2 blocker. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was previously on Ibuprofen for several months. There was no mention of Tylenol failure. Continued use of Duexis is not medically necessary.

Occupational therapy, right wrist, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Physical medicine treatment; Official Disability Guidelines: Carpal Tunnel Syndrome - Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy is to be completed in a fading frequency. Most conditions for wrist strain do not require more than 8-10 visits according to the guidelines. In this case, the claimant has undergone at least 11 sessions of therapy. There is no indication that additional therapy cannot be completed at home. The request for 12 additional sessions of occupational therapy is not medically necessary.