

Case Number:	CM15-0023045		
Date Assigned:	02/12/2015	Date of Injury:	05/22/2014
Decision Date:	04/13/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 51-year-old female who reported an injury on 05/22/2014 due to an unspecified mechanism of injury. On 12/01/2014, she presented for a follow-up evaluation. She reported that her thumb was hurting and that she had not had any additional therapy. A physical examination of the left thumb showed localized erythema along the volar surface, especially around her surgical site, and mild crepitus of the flexor pollicis longus tendon sheath, but no triggering was noted. There was also swelling of the thumb. She was diagnosed with left trigger thumb, status post release, left thumb arthritis, and diabetes mellitus postoperative inflammatory reaction. She was prescribed naproxen pantoprazole, topical pain anti-inflammatory medications, as well as flurbiprofen. The treatment plan was for retrospective pantoprazole 20 mg #60 and retrospective flurbiprofen 60 gm and 30 gm. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines indicate that proton pump inhibitors are recommended for those at risk for gastrointestinal events due to NSAID therapy and for those who have dyspepsia secondary to NSAID therapy. The documentation provided does not indicate that the injured worker is at high risk for developing gastrointestinal issues due to his medication use or that he has dyspepsia secondary to NSAID therapy. Also, his response to this medication was not clearly documented, and the frequency was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

RETROSPECTIVE Flurbiprofen 30gm (12/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications to support the request. Also, there is a lack of evidence showing that she has neuropathic pain, and her response to this medication in terms of pain relief and improvement in function was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.

RETROSPECTIVE Flurbiprofen 60gm (12/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications to support the request. Also, there is a lack of evidence showing that she has neuropathic pain, and her response to this medication in terms of pain relief and improvement in function was not clearly documented. Therefore, the request is not supported. As such, the request is not medically necessary.