

<b>Case Number:</b>	CM15-0220070		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	02/24/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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  
 Certification(s)/Specialty: Emergency 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 injured worker is a 34 year old female who sustained an industrial injury on February 24, 2015. The worker last worked July 2015. The worker is being treated for: CTS left upper limb; impingement syndrome of left shoulder, and lateral epicondylitis, left elbow; left knee bursitis and unspecified sprain of left wrist. Subjective: October 08, 2015 at primary follow up she reported intermittent pain in the left shoulder that radiates into the neck and down the left elbow. She states experiencing "popping," "grinding," and "clicking" of the left shoulder and arm with associated stiffness. There is complaint of constant left elbow and ulna pain radiating from the shoulder traveling downward to wrist and fingers with associated numbness and tingling. She also reports constant left wrist and hand pain that travels to left forearm and elbows and fingers with associated numbness, tingling, cramping and weakness. In addition she reported sleep difficulty. Objective: October 08, 2015 noted tenderness to pressure over the left lateral elbow and the left first dorsal compartment. Diagnostic: underwent EMG NCV of upper extremity. Medication: initial prescribed Naproxen and Flexeril with note of discontinuing Flexeril due to "locked her left side," and currently as of October 08, 2015 utilizing cream topical muscle relaxer as needed. Treatment: involved initial evaluation prescribed modified work duty, a course of PT treating the hands with note of 9 sessions completed, 6 total acupuncture sessions which offered temporary relief, medications, June 29, 2015 noted administration of left shoulder injection that "did not help;" July 2015 taken out of work duty due to persistent pain; TENS unit: October 2015 POC noted requesting 6 sessions of PT for the left shoulder, elbow and wrist. On October 13, 2015 a request was made for MRI left wrist, Ketoprofen ER 200mg with two refills, and Omeprazole DR 20mg #30 with two refills that were noncertified by Utilization Review on October 20, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging).

**Decision rationale:** The requested MRI of the left wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has left wrist and hand pain that travels to left forearm and elbows and fingers with associated numbness, tingling, cramping and weakness. In addition she reported sleep difficulty. Objective: October 08, 2015 noted tenderness to pressure over the left lateral elbow and the left first dorsal compartment. Diagnostic: underwent EMG NCV of upper extremity. The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of the left wrist is not medically necessary.

**Ketoprofen ER 200mg capsule REF 2:** 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:** The requested Ketoprofen ER 200mg capsule REF 2, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has left wrist and hand pain that travels to left forearm and elbows and fingers with associated numbness, tingling, cramping and weakness. In addition she reported sleep difficulty.

Objective: October 08, 2015 noted tenderness to pressure over the left lateral elbow and the left first dorsal compartment. Diagnostic: underwent EMG NCV of upper extremity. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Ketoprofen ER 200mg capsule REF 2 is not medically necessary.

**Omeprazole DR 20mg #30 REF 2:** 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:** The requested Omeprazole DR 20mg #30 REF 2, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has left wrist and hand pain that travels to left forearm and elbows and fingers with associated numbness, tingling, cramping and weakness. In addition she reported sleep difficulty. Objective: October 08, 2015 noted tenderness to pressure over the left lateral elbow and the left first dorsal compartment. Diagnostic: underwent EMG NCV of upper extremity. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole DR 20mg #30 REF 2 is not medically necessary.