

Case Number:	CM15-0222904		
Date Assigned:	11/18/2015	Date of Injury:	06/09/2015
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/12/2015

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:

This is a 34 year old female with a date of injury on 6-9-2015. A review of the medical records indicates that the injured worker is undergoing treatment for strain of muscle, fascia and tendon at neck level, impingement syndrome of right shoulder, bilateral carpal tunnel syndrome and medial epicondylitis right elbow. According to the recent progress report, the injured worker complained of pain in her right wrist that radiated upwards to her right upper extremity, shoulder and neck. The physical exam revealed tenderness and spasm in the cervical paraspinal muscles. There was tenderness to pressure over the right anterior shoulder and the bilateral wrists. Impingement sign was positive on the right. Treatment has included medication. The treatment plan included physical therapy, electromyography (EMG)-nerve conduction study (NCS), magnetic resonance imaging (MRI) and medication. Current medications included Ketoprofen ER, Omeprazole and Orphenadrine. The original Utilization Review (UR) (10-23-2015) denied requests for Ketoprofen, Omeprazole and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen ER 200 mg #30 times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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 200 mg #30 times 2 refills, 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 pain in her right wrist that radiated upwards to her right upper extremity, shoulder and neck. The physical exam revealed tenderness and spasm in the cervical paraspinal muscles. There was tenderness to pressure over the right anterior shoulder and the bilateral wrists. Impingement sign was positive on the right. 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 200 mg #30 times 2 refills is not medically necessary.

Omeprazole DR 20 mg #30 times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The requested Omeprazole DR 20 mg #30 times 2 refills, 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 pain in her right wrist that radiated upwards to her right upper extremity, shoulder and neck. The physical exam revealed tenderness and spasm in the cervical paraspinal muscles. There was tenderness to pressure over the right anterior shoulder and the bilateral wrists. Impingement sign was positive on the right. 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 20 mg #30 times 2 refills is not medically necessary.

Orphenadrine ER 100 mg #60 times 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: The requested Orphenadrine ER 100 mg #60 times 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in her right wrist that radiated upwards to her right upper extremity, shoulder and neck. The physical exam revealed tenderness and spasm in the cervical paraspinal muscles. There was tenderness to pressure over the right anterior shoulder and the bilateral wrists. Impingement sign was positive on the right. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine ER 100 mg #60 times 2 refills is not medically necessary.