

<b>Case Number:</b>	CM15-0037124		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: 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 50 year old female who sustained an industrial injury on January 7, 2015. She has reported injury to the neck, right shoulder, right upper extremity, and mid back and has been diagnosed with rule out rotator cuff tear, right shoulder, rule out medial meniscal tear, left knee, rule out right medial epicondylitis, rule out right median and ulnar nerve entrapment neuropathy, rule out intercarpal ligament tear and TFCC tear, right wrist. Treatment included right wrist support and pain medication. Currently the injured worker complains of a jerking type injury to the right upper arm, elbow, hand, and right shoulder as well as the right side of her neck and mid back areas. The treatment plan included MRI scans.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of right hand and wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist & Hand Chapter, MRI's.

**Decision rationale:** Per the 01/19/15 report the patient presents with examination findings of tenderness of the dorsal and volar aspect of the right wrist and along the distal ulna with diminished light touch in the median and ulnar nerve distribution. Phalen's test is positive. The patient's diagnoses include: Rule out median and ulnar nerve entrapment and neuropathy and Rule out intercarpal ligament tear and TFCC tear, right wrist. The current request is for MRI without contrast of right hand and wrist. The RFA is not included. The 02/09/15 utilization review states the RFA is dated 02/04/15. The patient is off work 4-6 weeks. ODG, Forearm, Wrist & Hand Chapter, MRI's, states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities." The 12/10/14 report states the request is establish objective findings after failure to respond to conservative treatment as the patient's situation has become chronic. Radiographic studies of the right hand and wrist "unspecified date" are cited showing evidence of positive ulna variance for the wrist. In this case, guidelines state MRI may be diagnostic for TFCC as well as miscellaneous other abnormalities, and is advocated for patients with chronic wrist pain. There is no evidence of a prior MRI right hand/wrist for this patient. The request IS medically necessary.

**Prilosec 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory drugs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** Per the reports provided the patient presents with injury to the neck, right shoulder, right upper extremity, and mid back and has been diagnosed with rule out rotator cuff tear, right shoulder, rule out medial meniscal tear, left knee, rule out right medial epicondylitis, rule out right median and ulnar nerve entrapment neuropathy, rule out intercarpal ligament tear and TFCC tear, right wrist. The current request is for Prilosec 20mg quantity 60 Omeprazole. The RFA is not included. The 02/09/15 utilization review states the RFA is dated 02/04/15. The patient is off work 4-6 weeks. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The 12/10/14 report states that Naproxen "an NSAID" and Prilosec are prescribed and that the requested Prilosec is to protect the stomach from oral

medication. The 01/19/15 report states that both these medications are to be continued. In this case, there no discussion of GI issues for this patient and no risk assessment is provided as required by the MTUS guidelines. Furthermore, the treater does not mention whether or not Prilosec helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request IS NOT medically necessary.