

<b>Case Number:</b>	CM15-0049965		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Pennsylvania, Ohio, 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 47 year old female, who sustained an industrial injury on May 6, 2013. She reported a repetitive injury to her bilateral wrists, hands and right shoulder. The injured worker was diagnosed as having right upper extremity overuse syndrome and mild right carpal tunnel syndrome. Treatment to date has included diagnostic studies, physical therapy and medications. On November 7, 2014, the injured worker complained of hand numbness, tingling, weakness, grip loss and cramping. Physical examination of the elbows revealed tenderness of the right elbow. Examination of the wrists revealed tenderness of the right wrist. Tinel's and Phalen's tests were positive on the right side. On January 6, 2015, the treatment plan included surgical consultation, possible injections, physical therapy and follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 1/13/15): Prilosec 20mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Proton Pump Inhibitors (PPIs), GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. Therefore, the request is not medically necessary.

**Retro (DOS 1/13/15): Flurbiprofen/Lido/Menthol/Capsaicin (dosage and quantity unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS- Topical Analgesics.

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.