

Case Number:	CM15-0081629		
Date Assigned:	05/04/2015	Date of Injury:	03/27/2011
Decision Date:	06/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained a work related injury March 27, 2011. According to a primary treating physician's progress report, dated March 25, 2015, the injured worker presented for a follow-up examination of her bilateral wrist, which the pain remains the same since the last visit (not specified). She complains of moderate pain to the bilateral shoulders, left greater than right. X-rays of the bilateral elbow (3 views) and bilateral forearm (two views) show mild increase in soft tissue swelling. X-rays of the bilateral shoulder, bilateral humerus, bilateral hand, and bilateral wrist show no increase in osteoarthritis. Diagnoses are carpal tunnel syndrome; lesion of ulnar nerve; rotator cuff (capsule) sprain. Treatment plan included physical therapy, interferential unit, urine toxicology, and prescription for medications. At issue, is the request for Flurbiprofen/Omeprazole capsule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Omeprazole 100/10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs, GI symptoms, and cardiovascular risk Page(s): 22, 68.

Decision rationale: The request for Flurbiprofen/Omeprazole is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's upper extremity and shoulder pain have been treated with NSAIDs, but there was no documentation of objective functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request for flurbiprofen is considered medically unnecessary. Because an NSAID is not approved, there is no need for a PPI for GI prophylaxis. Therefore, Omeprazole is considered not medically necessary.