

Case Number:	CM15-0083818		
Date Assigned:	05/06/2015	Date of Injury:	11/21/2014
Decision Date:	06/04/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/01/2015

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 57 year old female, who sustained an industrial injury on November 21, 2014. The mechanism of injury occurred while the injured worker was working as an assembler. The injuries were related to repetitive work. The injured worker has been treated for neck, right shoulder, upper back and lower back complaints. The diagnoses have included cervical, thoracic, and lumbar sprain/strain, right-sided cervical radiculopathy, right-sided lumbar radiculopathy and bilateral carpal tunnel syndrome. Treatment to date has included medications, radiological studies, physical therapy and a right shoulder arthroscopy in 2009 and 2010. Current documentation dated March 16, 2015 notes that the injured worker had ongoing neck, upper and lower back, right shoulder, right wrist and right hand pain which had not improved with continued self-treatment. Examination of the cervical spine, thoracic spine and lumbar spine revealed tenderness to palpation over the upper, mid and lower paravertebral muscles and a painful and decreased range of motion. Spurling's, Adson's and Wright's maneuvers and a straight leg raise test were negative. Right shoulder examination revealed tenderness to palpation over the anterior rotator cuff, acromioclavicular joint and bicipital areas. Range of motion was noted to be decreased and an impingement sign was positive. Bilateral wrist examination revealed tenderness to palpation over the flexor/extensor compartment and carpal tunnel. A Phalen's sign and medial nerve compression sign were noted to be positive. Right hand examination revealed a partial amputation of the thumb and a negative Tinel's sign. A neurological examination of the lower extremities revealed a decreased sensation in the lower

extremities, most notably in the right lumbar five distribution. The treating physician's plan of care included a request for the medications Anaprox DS # 550 mg # 60 and Protonix 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox 550 mg #60, 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 ongoing neck, upper and lower back, right shoulder, right wrist and right hand pain which had not improved with continued self-treatment. The treating physician has documented tenderness to palpation over the upper, mid and lower paravertebral muscles and a painful and decreased range of motion. Spurling's, Adson's and Wright's maneuvers and a straight leg raise test were negative. Right shoulder examination revealed tenderness to palpation over the anterior rotator cuff, acromioclavicular joint and bicipital areas. Range of motion was noted to be decreased and an impingement sign was positive. Bilateral wrist examination revealed tenderness to palpation over the flexor/extensor compartment and carpal tunnel. A Phalen's sign and medial nerve compression sign were noted to be positive. Right hand examination revealed a partial amputation of the thumb and a negative Tinel's sign. 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, Anaprox 550 mg #60 is not medically necessary.

Protonix 20mg #30: 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 chapter, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Protonix 20mg #30, 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 ongoing neck, upper and lower back, right shoulder, right wrist and right hand pain which had not improved with continued self-treatment. The treating physician has documented tenderness to palpation over the upper, mid and lower paravertebral muscles and a painful and decreased range of motion. Spurling's, Adson's and Wright's maneuvers and a straight leg raise test were negative. Right shoulder examination revealed tenderness to palpation over the anterior rotator cuff, acromioclavicular joint and bicipital areas. Range of motion was noted to be decreased and an impingement sign was positive. Bilateral wrist examination revealed tenderness to palpation over the flexor/extensor compartment and carpal tunnel. A Phalen's sign and medial nerve compression sign were noted to be positive. Right hand examination revealed a partial amputation of the thumb and a negative Tinel's sign. 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, Protonix 20mg #30 is not medically necessary.