

Case Number:	CM15-0088912		
Date Assigned:	05/13/2015	Date of Injury:	08/16/2013
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, California
 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 33-year-old female, who sustained an industrial injury on 8/16/2013. The current diagnoses are status post right carpal tunnel decompression (1/27/2014), status post right carpal tunnel decompression redo (7/17/2014), persistent right median neuropathy, and left carpal tunnel syndrome, status post left carpal tunnel release (12/17/2014). According to the progress report dated 4/23/2015, the injured worker reports decrease in frequency of the tingling and numbness in the right hand with the current use of medications and the previous steroid injection. Additionally, she notes residual tingling and numbness in the left hand after surgery. The physical examination reveals tenderness directly over the right carpal tunnel with very mild tenderness over the left. Phalen sign continues to be positive on the right. Treatment to date has included medication management, occupational therapy, steroid injection, and surgical intervention. The plan of care includes prescriptions for Voltaren, Protonix, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had a history of gastritis and had been on Voltaren for over 6 months in combination with various opioids in the past including Tramadol and Tylenol #3. The Voltaren ER is not medically necessary.

Protonix 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of anti-platelet use that would place the claimant at risk. There was mention of gastritis while on NSAIDs. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.