

Case Number:	CM13-0034906		
Date Assigned:	12/11/2013	Date of Injury:	02/08/2011
Decision Date:	02/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who reported an injury on 2/8/11. The patient is diagnosed with left 5th finger laceration, shoulder sprain and strain, and tennis elbow. The patient was seen by [REDACTED] on 9/12/13. He reported left shoulder, left elbow, and left 5th finger pain. Physical examination revealed no acute distress, and antalgic gait. Treatment recommendations included a prosthetic silicone finger guard and paraffin wax bath with 3 months supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The California MTUS guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no indication this patient suffers from a

cardiovascular disease or is at risk for gastrointestinal events. The patient does not currently meet criteria for the use of a proton pump inhibitor. Therefore, the request is non-certified.

request for a paraffin wax bath and 3 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM Practice guidelines state that physical modalities have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. The Official Disability Guidelines state that paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care. As per the clinical notes submitted, the patient does not maintain a diagnosis of hand arthritis. There is also no evidence of this patient's active participation in an exercise program. Based on the clinical information received, the request is non-certified.

request for Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report left shoulder and left elbow pain with intermittent spasm and poor upper extremity function. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the requested Tramadol 50mg #90 is not medically necessary and appropriate.