

Case Number:	CM14-0145965		
Date Assigned:	09/12/2014	Date of Injury:	06/13/2013
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 injured worker is a 32-year-old female who sustained cumulative trauma from April 1, 2013 to April 29, 2014. She is diagnosed with (a) status post right elbow ulnar nerve transposition and ulnar canal release with persistent pain, numbness, and weakness on January 10, 2014 with x-rays of the right elbow dated May 5, 2014 within normal limits; (b) status post right wrist carpal tunnel release with persistent pain, swelling, and numbness on January 10, 2014 with widening of the scapholunate space on x-ray dated May 5, 2014; (c) right thumb carpometacarpal and metacarpophalangeal strain; (d) early pain and numbness, left wrist from favoring; and (e) gastritis due to medications. She was seen on June 26, 2014 for an evaluation. She reported frequent pain on the ulnar aspect of the right elbow, which was rated 5-8/10. The pain radiated to the ulnar aspect of the right forearm and to the ulnar aspect of the right hand. She also reported severe occasional numbness and tingling sensations on the ulnar aspect of the forearm and hand. She also complained of occasional pain on the volar aspect of the right wrist, which was rated 6-9/10. The pain radiated to the volar aspect of the right forearm. She reported frequent numbness and tingling sensations on the volar aspect of the forearm and hand. Examination of the right elbow revealed limited range of motion. There was decreased sensation over the lateral greater than the median aspect of the right forearm and ulnar more than the median nerve territory.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE #30 REFILL 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors

Decision rationale: The request for omeprazole #30 refill 1 is not medically indicated at this time. From the medical records reviewed, there was no documentation of any current gastrointestinal complaints. The necessity of this medication was not established. Hence, the request for omeprazole #30 refill 1 is not necessary at this time.

IBUPROFEN 600MG P.O BID #60 REFILL 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68,71,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request for ibuprofen 600 mg by mouth twice daily #60 refill 1 is not medically necessary at this time. It has been determined from the reviewed medical records that medical history of the injured worker is significant for gastritis due to intake of ibuprofen. More so, guidelines stated that this medication is recommended for osteoarthritis and off-label for ankylosing spondylitis. The injured worker is not diagnosed with any of these conditions. There was no documentation of the worker's subjective and objective response to ibuprofen in 800 mg as guidelines made mention that doses greater than 400 mg have not provided greater relief of pain. Hence, proceeding with this medication is not medically appropriate and necessary at this time.