

Case Number:	CM14-0178778		
Date Assigned:	11/03/2014	Date of Injury:	09/10/2014
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 29 years old with an injury date on 9/10/14. Patient complains of constant pain/swelling/stiffness/numbness in her right hand, radiating up to her arm to shoulder level per 9/30/14 report. Patient had a crush injury to her right hand, and is currently taking Vicodin as needed per 9/30/14 report. Based on the 9/30/14 progress report provided by [REDACTED] the diagnosis is: fracture, distal phalanx, right four finger with nondisplaced intra-articular extension. Exam on 9/30/14 showed "tenderness to palpation over right ring finger. Range of motion of right ring finger is limited. Sensory exam and reflexes are normal." Patient's treatment history includes X-ray of right hand (showing fracture of the distal tuft of fourth distal phalanx), medications. [REDACTED] is requesting flurbiprofen 120mg, ketoprofen 120mg, and prilosec 20mg #30. The utilization review determination being challenged is dated 10/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/14/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific.

Decision rationale: This patient presents with right hand pain, right arm pain, right shoulder pain. The treater has asked for FLURBIPROFEN 120mg. Patient has no history of using Flurbiprofen. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case, the patient does not present with arthritis, but lacerations from a crush injury of the right hand. The request is not medically necessary.

Ketoprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , . NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, speci.

Decision rationale: This patient presents with right hand pain, right arm pain, right shoulder pain. . The treater has asked for KETOPROFEN 120mg. Patient has no history of using Ketoprofen. MTUS recommends NSAIDS for short term symptomatic relief to treat peripheral joint arthritis and tendinitis, particularly in areas amenable to topical treatment. In this case, the patient does not present with arthritis, but lacerations from a crush injury of the right hand. The request is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with right hand pain, right arm pain, right shoulder pain. . The treater has asked for PRILOSEC 20mg #30. Patient does not have a history of taking Prilosec. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treater does not explain why this medication is being prescribed. The request is not medically necessary.