

Case Number:	CM14-0098807		
Date Assigned:	09/23/2014	Date of Injury:	12/26/2006
Decision Date:	10/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Pain Medicine, 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 64-year-old female who reported an injury on 12/26/2006. The mechanism of injury was not provided. On 06/19/2014, the injured worker presented with upper extremity pain. Upon examination the injured worker ambulated without assistance and wore a wrist brace to the right. Current medications included omeprazole, Protonix, and naproxen. Her diagnosis was bilateral carpal tunnel syndrome. The provider recommended omeprazole and diclofenac sodium. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 40MG QTY 90.00: Upheld

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

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

Decision rationale: The request for omeprazole DR 40 mg quantity of 90 is not medically necessary. According to the California MTUS Guidelines omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID

medications and who are at moderate to high risk for gastrointestinal events. There was a lack of documentation of the injured worker having a diagnosis congruent with the guideline recommendations. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request did not include the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Diclofenac Sodium 1.5% 60gm QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for diclofenac sodium 1.5% 60 gm with a quantity of 1 is not medically necessary. The California MTUS Guidelines state that NSAIDs are associated with risk for cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for NSAIDs for the shortest duration of time consistent with the individual treatment goals. There was a lack of evidence in the medical records provided with a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.