

Case Number:	CM14-0112761		
Date Assigned:	08/01/2014	Date of Injury:	10/20/2010
Decision Date:	07/23/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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: 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:

This is a 44 year old male with an October 20, 2010 date of injury. A progress note dated June 12, 2014 documents subjective findings (right wrist on/off pain, numbness; pain radiating to forearm and third, fourth digits; cold weather increases pain; left wrist on/off stabbing pain radiating to the third, fourth, and fifth digits; bilateral had swelling left greater than right), objective findings (left wrist range of motion within normal limits; bilateral crepitus; bilateral positive compression test over the Guyon's canal with numbness of the ring and small finger; mild Finkelstein's test in the right; positive pain over the sixth dorsal wrist extensor bilaterally), and current diagnoses (left wrist sprain/strain; right wrist sprain/strain; bilateral sixth dorsal wrist compartment inflammation; subluxation of bilateral extensor carpi ulnaris tendon).

Treatments to date have included dorsal sixth compartment repair, magnetic resonance imaging of the left wrist that showed small focal signal abnormality in the lunate bone representing bone sclerosis, magnetic resonance imaging of the right wrist that showed no remarkable findings, medications, bracing, injections, and physical therapy. The treating physician documented a plan of care that included Omeprazole, a urine toxicology screen, and a range of motion test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient receives treatment for chronic wrist and arm pain. This relates back to an industrial injury dated 06/12/2014. The medical diagnoses include bilateral wrist strain, wrist compartment inflammation, and subluxation of the extensor carpi ulnaris tendon. This review addresses a request for omeprazole. Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin with another NSAID are also at high risk. The documentation does not mention these risk factors. Omeprazole is not medically necessary.

1 Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87-89.

Decision rationale: This patient receives treatment for chronic wrist and arm pain. This relates back to an industrial injury dated 06/12/2014. The medical diagnoses include bilateral wrist strain, wrist compartment inflammation, and subluxation of the extensor carpi ulnaris tendon. This review addresses a request for a urine toxicology test. A urine drug screen may be medically indicated for patients taking opioids for chronic pain, if there is documentation that they are at high risk for opioid misuse or addiction. These clinical "red flags" include: decreased functioning, observed intoxication, impaired control over medication use, and a negative affective state (mood). There is no documentation of these warning signs for abuse. The urine drug screen is not medically necessary.

Range of Motion test, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow and wrist, flexibility.

Decision rationale: This patient receives treatment for chronic wrist and arm pain. This relates back to an industrial injury dated 06/12/2014. The medical diagnoses include bilateral wrist

strain, wrist compartment inflammation, and subluxation of the extensor carpi ulnaris tendon. This review addresses a request for a range of motion test. The treatment guidelines do not recommend any formal computerized strength and flexibility measurements beyond the usual musculoskeletal assessments as part of a physical exam by a trained clinician. A range of motion test is not medically necessary.