

Case Number:	CM14-0139168		
Date Assigned:	09/05/2014	Date of Injury:	03/17/2004
Decision Date:	06/16/2015	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female patient who sustained an industrial injury on 03/17/2004. The injury involved her neck, right arm, right hand and low back of which she performed a multitude of duties of a cosmetologist such as hair styling, cutting, blow drying, shampooing, cleaning facilities, and or driving to other establishments. A primary treating office visit dated 01/30/2013 reported the patient with subjective complaint of left knee pain with giving away. She has complains of right knee pain secondary to altered gait. She has bilateral wrist pain accompanied by numbness and tingling; left greater. Objective findings showed left knee with tenderness to palpation over the peripatellar region and lateral joint line. Patellofemoral crepitus is present. McMurray's test is positive. She is using a single point cane for ambulation. Diagnostic testing to include ultra sounds. The following diagnoses are applied: cervical spine musculoligamentous strain/sprain with bilateral upper extremity radiculitis; thoracolumbar musculoligamentous strain/sprain with bilateral lower extremity radiculitis; status post right shoulder arthroscopy, 2009 with recurrent impingement, left shoulder impingement syndrome, bilateral wrist tendinitis, left carpal tunnel syndrome, status post right carpal tunnel release 2011 with moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome; left knee medial and lateral meniscus tears and right medial meniscus tear with bilateral knee osteoarthritis; post-traumatic headaches with history of trauma; jaw, mouth and tooth complaints deferred; anxiety, nervousness, depressed and sleep loss deferred; urinary incontinence, diarrhea and abdominal pain, deferred, and bilateral elbow medial and lateral epicondylitis. The plan of care noted: pending authorization for surgical intervention, left knee arthroscopy, prescribed

Norco 2.5mg #60, and follow up in 4-6 weeks. Another primary treating visit dated 04/06/2014 reported the patient with subjective complaint of numbness and tingling in the left hand. She states she would like to proceed with left wrist surgery. She also has a urologic follow up on 05/27/2015. Objective findings showed the left wrist with tenderness to palpation over the flexor/extensor tendons. Phalen's test is positive. Sensation to pinprick and light touch is decreased in the left median nerve. The left knee revealed tenderness to palpation over the medial joint line. She is diagnosed with left wrist tendinitis, carpal tunnel syndrome, status post right shoulder arthroscopy with distal clavicle resection on 2009, urinary incontinence and infection, deferred, and neck, left shoulder, lumbar spine, right wrist/hand and knee symptoms, unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for refill of Prilosec 20mg #30: Upheld

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

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

Decision rationale: According to the available medical records, the patient has ongoing right shoulder and left wrist complaints. Associated complaints include weakness, aches, spasm, decreased range of motion, and decreased grip strength. The current request is for refill of Prilosec 200mg #30. Prilosec is a proton pump inhibitor. The CA MTUS has this to say with regards to Prilosec: The guidelines recommend that the risks for gastrointestinal events and CV disease need to be considered with use of NSAIDs on whether a proton pump inhibitor in conjunction with NSAID is necessary for the patient. Risk factors for a GI event include: older than 65 years; history of peptic ulcer; history of GI bleeding or perforation; concurrent use of aspirin, corticosteroids, or anticoagulant; or concurrent use of a high dose/multiple NSAID. Patients with no risk factors or CV disease can take a non-selective NSAID, such as Naproxen, without prophylactic dose of a proton pump inhibitor such as Prilosec. Patients with intermediate risk of GI events with no CV disease can take a proton pump inhibitor with their non-selective NSAID. However, in patients with a high risk of GI event, the guideline urges that it is necessary that they take a proton pump inhibitor with their NSAID or cox-2 selective agent. In this case, the records indicate that the patient is using Tylenol 3 for symptomatic relief at this time. In addition, the dosage requested is ten times the recommended starting dose. With this in mind and relying on the indications and based upon the above referenced guidelines for Prilosec, medical necessity has not been established. Recommendation is for denial. Therefore, this request is not medically necessary.

1 follow-up visit with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92; 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: According to the available medical records, the patient has ongoing right shoulder and left wrist complaints. Associated complaints include weakness, aches, spasm, decreased range of motion, and decreased grip strength. The current request is for 1 follow-up visit with [REDACTED]. The MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." Evaluation of patient, review of reports, and providing a narrative report is part of a normal reporting and monitoring duties to manage a patient's care. The current request is medically necessary and the recommendation is for authorization.