

Case Number:	CM14-0211284		
Date Assigned:	12/24/2014	Date of Injury:	11/28/2012
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/17/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 11/28/2012. Per primary treating physician's progress report dated 11/5/2014, the injured worker continues to complain of left greater than right ankle pain and swelling especially with walking, standing, and climbing stairs. She is scheduled to undergo ultrasound study. Her pain in the wrist has been better after the injection but gets increased pain with work. She uses medication as needed. Her low back pain is the same. On examination of the lumbar spine, there is tenderness to palpation with hypertonicity over the paraspinal musculature. Kemp's test is positive. Straight leg raising test is negative. Examination of the wrist reveals hypopigmentation at the volar wrists. Tenderness to palpation is present over the flexor/extensor tendons and muscle groups. Tinel's sign elicits sensitivity over the carpal tunnels, bilaterally. Examination of the ankles reveals swelling, left side greater than right, laterally. Tenderness to palpation is present over the lateral ligament/peroneal tendon. There is no laxity. Diagnoses include 1) lumbar musculoligamentous sprain/strain with left lower extremity radiculitis 2) bilateral wrist sprain, right de Quervain's tenosynovitis 3) bilateral ankle sprain, left ankle posterior malleolus marrow edema.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg #30 is determined to not be medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzprine Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The injured worker does not appear to have been taking cyclobenzaprine in the recent past, but there are no reports of muscle spasm. Medical necessity has not been established for this request. The request for Fexmid 7.5mg #60 is determined to not be medically necessary.

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Prior use and efficacy of Voltaren or other NSAIDs is not reported. The request for Voltaren XR 100mg #30 is determined to not be medically necessary.