MAXIMUS Federal Services

Case Number:	CM15-0018717		
Date Assigned:	02/06/2015	Date of Injury:	09/19/2014
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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:

This 21 year old man sustained an industrial injury on 9/19/2014 after falling on his right hand following a slip and fall on a piece of meat trimming. Current diagnoses include right dorsal ulna subluxation, rule out right carpal tunnel syndrome and nerve neuropathy, and lumbar spine strain. Treatment has included oral medications, hot soaks, massage, rest, physical therapy, home excercise program. Physician notres dated 12/8/2014 show complaints of intermittent pain in the wrist with daily swelling and weakness in the hand. Recommendations include EMG/NCV of the bilateral upper extremities for further diagnostic work up, lumbar spine and right wrist MRIs, ultrasound of the right wrist, physical therapy for the lumbar spine, occupational therapy for the right hand/wrist for strengthening and active range of motion, Naproxen and Omeprazole, lumbar back brace, and urine drug testing.On 1/13/2015, Utilization Review evaluated prescriptions for diagnostic ultrasound of the right wrist, Naproxen 550 mg #60, and Omeprazole 20 mg #30, that were submitted on 1/27/2015. The UR physician noted the following: regarding ultrasound, the outcome of the EMG/NCS is not known as it has just been approved. Regarding Naproxen, there is no evidence of osteoarthritis. Further, NSAIDs are recommended for short term use only. Regarding Omeprazole, there is no evidence that the worker is at significantly elevated risk for gastrointestinal events. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound of the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbows, Ultrasound, Diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Ultrasound (diagnostic)'

Decision rationale: The 21 year old patient presents with pain in radial and ulnar wrists as well as the distal area of the ulna along with pain in the lower back, as per progress report dated 12/08/14. The request is for DIAGNOSTIC ULTRASOUND OF THE WRIST (RIGHT). There is no RFA for this case, and the patient's date of injury is 09/19/14. The patient also has painful cramping and triggering at thumb and ring fingers, as per progress report dated 12/08/14. X-ray of the right wrist during the same visit revealed mild right ulnar subluxation. Diagnoses included right dorsal ulnar subluxation, r/o right carpal tunnel syndrome and ulnar nerve neuropathy, and lumbar sprain/strain. The patient is working full duty, as per the same progress report.As per ODG guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Ultrasound (diagnostic)', states that "Recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. (Guerini, 2007) The ulnar nerve is also easily visualized." In this case, only two progress reports have been provided for review. The patient suffers from significant right wrist pain. Physical examination revealed tenderness over right distal ulna along with positive Phalen's test and Durkan's compression test on the right. In progress report dated 12/08/14, the treater is requesting for an ultrasound of the right wrist "to assess the soft tissues, and help clarify pathology and provide appropriate treatment." ODG guidelines also recommend diagnostic ultrasounds of the wrist due to its accuracy in detecting tendon injuries. Hence, this request IS medically necessary.

Naproxen 550mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications of chronic pain Page(s): 22, 60.

Decision rationale: The 21 year old patient presents with pain in radial and ulnar wrists as well as the distal area of the ulna along with pain in the lower back, as per progress report dated 12/08/14. The request is for NAPROXEN 550 mg, QTY: 60. There is no RFA for this case, and the patient's date of injury is 09/19/14. The patient also has painful cramping and triggering at thumb and ring fingers, as per progress report dated 12/08/14. X-ray of the right wrist during the same visit revealed mild right ulnar subluxation. Diagnoses included right dorsal ulnar subluxation, r/o right carpal tunnel syndrome and ulnar nerve neuropathy, and lumbar

sprain/strain. The patient is working full duty, as per the same progress report.Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.In this case, only two progress reports have been provided for review. Both reports, dated 09/23/14 and 12/08/14, document the use of Naproxen. However, the treater does not discuss the impact of the NSAID on patient's pain or function. Nonetheless, the patient does suffer from chronic wrist pain for which Naproxen is indicated. Hence, he can continue taking NSAID at the treater's discretion. The request IS medically necessary.

Omeprazole 20mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The 21 year old patient presents with pain in radial and ulnar wrists as well as the distal area of the ulna along with pain in the lower back, as per progress report dated 12/08/14. The request is for OMEPRAZOLE 20 mg, QTY:30. There is no RFA for this case, and the patient's date of injury is 09/19/14. The patient also has painful cramping and triggering at thumb and ring fingers, as per progress report dated 12/08/14. X-ray of the right wrist during the same visit revealed mild right ulnar subluxation. Diagnoses included right dorsal ulnar subluxation, r/o right carpal tunnel syndrome and ulnar nerve neuropathy, and lumbar sprain/strain. The patient is working full duty, as per the same progress report.MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."In this case, only two progress reports are available for review and Omeprazole is mentioned only in the later report, dated 12/08/14, along with Naproxen (NSAID). The treater states that the medication is "to protect the stomach from oral medications." However, the treater does not discuss any gastric symptoms due to NSAID use. Additionally, the patient is under 65 years of age, and there is no history of gastrointestinal issues in him. The treater does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request IS NOT medically necessary.