

Case Number:	CM15-0121287		
Date Assigned:	07/02/2015	Date of Injury:	04/17/2015
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, 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:

The applicant is a represented 23-year-old who has filed a claim for hand and wrist pain reportedly associated with cumulative trauma at work between the dates May 9, 2011 through April 17, 2015. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for diclofenac and Prevacid. The claims administrator referenced a June 2, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported complaints of wrist pain reportedly attributed to cumulative trauma from repetitive typing at work. The applicant was on Motrin for pain relief, it was reported. The applicant was not working, it was acknowledged. Ancillary complaints of headaches were reported. Oral diclofenac, Prevacid, electro diagnostic testing of bilateral upper extremities, twelve sessions of physical therapy, and MRI imaging of the wrist were endorsed. The attending provider did not clearly state why diclofenac was being introduced in conjunction with ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271; 47.

Decision rationale: No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 271 does acknowledge that NSAIDs such as diclofenac are "recommended" in the management of forearm, wrist, and hand complaints, as were/are present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should discuss "any other relevant information" with the applicant to ensure proper usage of medications and to manage expectations. Here, however, the attending provider did not clearly state why he was prescribing diclofenac on June 2, 2015 when the applicant was already using another anti-inflammatory medication, ibuprofen, on that date. The attending provider did not clearly state whether he was prescribing diclofenac to replace previously prescribed ibuprofen or whether he intended for the applicant to use these two NSAIDs in parallel. The attending provider did not, thus, discuss this particularly relevant piece of information before prescribing diclofenac. Therefore, the request was not medically necessary.

Prevacid 30 mg Qty 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: Conversely, the request for Prevacid, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date in question, June 2, 2015. The MTUS Guideline in ACOEM Chapter 3, page 47 does note that NSAIDs can cause gastrointestinal irritation. Here, the attending provider seemingly suggested that the applicant employ two NSAIDs in parallel, diclofenac and ibuprofen. The applicant's concomitant usage of multiple NSAIDs, thus, did compel provision of Prevacid for cytoprotective effect. Therefore, the request was medically necessary.