

Case Number:	CM15-0127217		
Date Assigned:	07/13/2015	Date of Injury:	06/07/2011
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 51 year old female who sustained an industrial injury on 6/7/11 from a slip and fall causing her to land on her buttocks. She had immediate pain in the ankle (cannot recall which ankle) and low back. She was medically evaluated, had head x-ray (as a precaution), and received Tylenol, naproxen, ice. The following day she had stiffness in the neck, low back and shoulders. She had an MRI of her low back, which was normal; MRI of cervical spine showed herniated disc. She currently complains of mild bilateral wrist/ thumb pain. Medications were Motrin, Prilosec. In the progress note dated 6/10/15 the provider notes that Motrin was helpful with pain and inflammation and Prilosec was helpful for gastritis. Diagnoses include right upper extremity radiculitis secondary to disc herniation; bilateral carpal tunnel syndrome; right cubital tunnel syndrome; lumbar spine sprain/ strain. Treatments to date include 1st digit flexor tendon sheath injection on 6/2/15 to the right and 5/19/15 to the left with pain moderately improved; physical therapy providing mild relief. Diagnostics include electromyography/ nerve conduction studies of upper extremities (10/27/11) normal and on 12/21/12 the study revealed right carpal tunnel syndrome. In the progress note dated 6/10/15 the treating provider's plan of care includes requests for refill on Motrin 600 mg # 60 with one refill for pain and inflammation; Prilosec 20 mg # 30 for gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #60, 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 70, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, a progress note on 6/10/2015 indicate that Motrin is helpful for the patient's pain and inflammation. Therefore, the currently requested Motrin is medically necessary.

Prilosec 20mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has gastritis secondary to NSAID use, and a progress note on 6/10/2015 indicate that Prilosec is beneficial for her gastritis. As such, the currently requested omeprazole (Prilosec) is medically necessary.