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| Case Number: | CM15-0070481 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 12/12/2014 |
| Decision Date: | 05/27/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 injured worker is a 55 year old male, who sustained an industrial injury on 12/12/14. He reported initial complaints of right elbow, wrist hand and right ankle injury. The injured worker was diagnosed as having closed fracture of metacarpal bone(s), site unspecified; unspecified site of ankle sprain; wrist sprain. Treatment to date has included x-rays (1/14/15); medications. Currently, the PR-2 notes dated 2/6/15 indicate the injured worker complained of ongoing pain in right elbow, wrist, hand and right ankle. The provider notes that x-rays were completed (1/14/15), but no MRI or electrodiagnostic testing or physical therapy. The injuries have caused anxiety and sleep disturbances. Complaints include numbness of the right wrist/hand as dull/sharp, non-radiating 80% of the time; right elbow pain is dull, non-radiating 60% of the time; right ankle pain is dull, non-radiating 30% of the time interfering with his ability to squat and walk; also notes head pain. The provider has requested Prilosec 20mg #30 with 2 refills and Anaprox DS 550mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The documentation doesn't support that the patient has any high risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

Anaprox DS 550mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't support that the patient is being treated with Anaprox with the lowest possible dose for the shortest possible time. The continued use of anaprox is not medically necessary.