

Case Number:	CM15-0074740		
Date Assigned:	04/24/2015	Date of Injury:	06/22/2014
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 22-year-old male patient, who sustained an industrial injury on June 22, 2014, incurring injuries to the right hand and wrist. He was diagnosed with a TFC tear in the right wrist. Per the doctor's note dated 4/23/2015, he had residual soreness. The physical examination revealed mild tenderness over the dorsal ulnocarpal joint and full range of motion of the hand/wrist and all digits. Per the doctor's note dated 3/12/2015, he had complaints of some discomfort over the dorsal aspect of the right wrist with lifting. The physical examination revealed full range of motion of the hand/wrist and all digits and no instability. The medications list includes voltaren gel and protonix. He has undergone right wrist arthroscopic TFC tear repair on 10/17/2014. He has already had 16 physical/occupational therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren date of service: 3/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Diclofenac sodium (Voltaren, Voltaren-XR).

Decision rationale: Voltaren contains Diclofenac which is an NSAID. According to CA MTUS chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." (Van Tulder-Cochrane, 2000) Patient is status post right wrist surgery with right wrist discomfort. Therefore use of NSAID is medically appropriate and necessary. However per the cited guidelines, "A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk." The response and failure of other NSAIDs like ibuprofen and naproxen is not specified in the records provided. The request for Retrospective Voltaren date of service: 3/12/15 is not medically necessary and appropriate as a first line NSAID due to its risk profile.

Retrospective Protonix date of service: 3/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "(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)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Retrospective Protonix date of service: 3/12/15 is not established for this patient.

Occupational Therapy 3 times a week for 4 weeks (12 sessions) for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98, Postsurgical Treatment Guidelines.

Decision rationale: MTUS post-surgical guidelines recommend 10 post op visits over 10 weeks for this surgery. Patient has already had 16 postoperative occupational sessions for this surgery. In addition, patient has undergone this surgery on 10/17/2014. Therefore currently patient is beyond the post operative period. Per MTUS post-surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." Therefore, the requested additional visits in addition to the previously rendered occupational sessions are more than recommended by the cited criteria. There is no evidence of ongoing significant progressive functional improvement from the previous occupational therapy visits that is documented in the records provided. In addition per the cited guidelines, "Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Occupational Therapy 3 times a week for 4 weeks (12 sessions) for the right wrist is not fully established for this patient at this time.