

Case Number:	CM15-0076518		
Date Assigned:	04/28/2015	Date of Injury:	04/10/2001
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 68 year old male, who sustained an industrial injury on April 10, 2001. He reported neck pain and left upper extremity pain. The injured worker was diagnosed as having left shoulder impingement, status post crush injury of the third, fourth and fifth fingers, neuropathic pain in the left upper extremity, status post hand surgery, myofascial pain, and left cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left hand, conservative care, home exercises, cervical epidural injections, medications, and work restriction. Currently, the injured worker complains of persistent neck pain and left upper extremity pain with associated tingling and numbness. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 6, 2015, revealed continued pain as noted. He reported a sharp pain at the last injection site and reported medications were helpful in reducing pain. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ibuprofen 600mg #90: Upheld

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

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

Decision rationale: Guidelines state that NSAIDs may be used to treat breakthrough and mixed pain conditions. Due to potential side effects associated with NSAIDs, they are recommended at the lowest dose for the shortest duration of time. In this case, the patient has been taking NSAIDs since February of 2014. However, he continues to complain of the same symptoms and there is no evidence of significant functional improvement. Also, the patient suffers from GERD which may be related to taking NSAIDs. Since there is no documented improvement in pain and functional improvement, the request for Ibuprofen 600 mg #90 is not medically appropriate and necessary.

1 prescription of Omeprazole 20mg #30: Upheld

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

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

Decision rationale: Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events. Since the request for ibuprofen is not medically appropriate, and since the patient is no longer at risk for gastrointestinal events, the request for Omeprazole 20 mg #30 is not medically appropriate and necessary.

1 prescription of Trazodone 50mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

Decision rationale: Guidelines recommend Trazodone only for patients with potentially coexisting mild psychiatric symptoms such as depression and anxiety and it is not recommended for first line therapy of primary insomnia. In this case, the patient does not suffer from psychiatric symptoms. The request for Trazodone 50 mg #20 is not medically appropriate and necessary.