

Case Number:	CM15-0077834		
Date Assigned:	04/29/2015	Date of Injury:	11/23/2012
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: California, North Carolina
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:

The injured worker is a 55-year-old female, who sustained an industrial injury on November 23, 2012. The injured worker reported right thumb pain. The injured worker was diagnosed as having wrist sprain/strain and De Quervain's. Treatment and diagnostic studies to date have included x-rays, physical therapy, acupuncture and medication. A progress note dated March 26, 2015 the injured worker complains of right thumb pain radiating up arm and into her shoulder with numbness and tingling in the hand. She rates her pain 5/10 on a good day and 7-8/10 with activity. She also reports anxiety and insomnia. Physical exam notes tenderness of the thumb and positive Finkelstein's test. The plan includes medication, therapy and diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The request is for Naprosyn 550 mg #60 with 2 refills for chronic right upper extremity pain. Date of injury was 2012. MTUS guidelines state that NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful in treating breakthrough and mixed pain conditions. This patient continues to work full-time, but reports an increase in her ongoing musculoskeletal pain. It appears that the use of NSAIDs is medically necessary in this patient.

Omeprazole DR 20mg #30 with 2 refills: Upheld

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

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

Decision rationale: The request is for Omeprazole 20 mg, #30 with 2 refills in this patient on chronic NSAID therapy. The MTUS recommends the use of drugs like Omeprazole in patients at risk for GI events, including: 1) age greater than 65 years; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. This patient is 55 years old and does not meet the criteria for prophylactic treatment of a GI event. The request is therefore deemed not medically necessary.