

Case Number:	CM15-0097770		
Date Assigned:	05/28/2015	Date of Injury:	07/11/2012
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/20/2015

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: California
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 62 year old female, who sustained an industrial injury on July 11, 2012. The injured worker was diagnosed as having status post carpal tunnel release surgery on August 20, 2014, left wrist arthrofibrosis, residual left upper extremity paresthesias, and trigger thumb. Treatment to date has included left carpal tunnel release on August 20, 2014, and medication. Currently, the injured worker complains of right hand pain and left trigger thumb, pain in the left wrist and hand with numbness in the fingers. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker reported the left wrist and hand pain was rated a 6 out of 10. The physical examination was noted to show full opposability of the left hand with complaints of pain. The treatment plan was noted to include refilling medications, including Naproxen, Omeprazole, and Voltaren Gel. The injured worker was noted to be working without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms &

Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Proton-pump inhibitors (PPIs).

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

Decision rationale: The Omeprazole 20mg, #30, with 2 refills, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors". The injured worker has right hand pain and left trigger thumb, pain in the left wrist and hand with numbness in the fingers. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker reported the left wrist and hand pain was rated a 6 out of 10. The physical examination was noted to show full opposability of the left hand with complaints of pain. The treating physician has not documented medication-induced GI complaints nor GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg, #30, with 2 refills is not medically necessary.

Voltaren gel 1.3% 100 grams, dispense 3 tubes with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page68-69 Page(s): 111-112, 68-69.

Decision rationale: The request for Voltaren gel 1.3% 100 grams, dispense 3 tubes with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has right hand pain and left trigger thumb, pain in the left wrist and hand with numbness in the fingers. The Primary Treating Physician's report dated April 14, 2015, noted the injured worker reported the left wrist and hand pain was rated a 6 out of 10. The physical examination was noted to show full opposability of the left hand with complaints of pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren gel 1.3% 100 grams, dispense 3 tubes with 2 refills is not medically necessary.