

Case Number:	CM13-0015282		
Date Assigned:	10/11/2013	Date of Injury:	12/21/1994
Decision Date:	01/23/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61-year-old female who reported a work-related injury on 12/21/1994; the specific mechanism of injury was not stated. She presents for treatment of the following diagnoses: status post ACDF at C3-4, C4-5, C5-6, and C6-7 as of 8/28/03; reactionary depression/anxiety; lumbar post-laminectomy syndrome status post L4-5 and L5-S1 PLIF as of February 2002; bilateral lower extremities radiculopathy right greater than left; coccydynia post coccyx fracture as of 12/23/09; posterior lumbar fusion with vertebral cage at T12-L2; status post hardware removal and abdominal hernia wall repair on 2/1/11; and lumbar spinal cord stimulator tripole on 9/13/12. The clinical note dated 8/19/13 documents a view of the patient's internal medicine treatment status post a work-related injury; the provider documents that the patient, under the care of [REDACTED], was diagnosed with gastroesophageal reflux, irritable bowel syndrome, status post multiple cervical spine surgeries, dysphagia secondary to gastral reflux, cervical spine surgery, and chronic narcotic use. The most recent thorough physical exam of the patient is dated 5/16/13 under the care of [REDACTED]. The provider documents the patient utilizes Oxycontin, and that, upon physical exam, the patient's speech is noted to be somewhat slurred. Examination of the cervical spine and lumbar spine revealed limited mobility. The provider documented the patient is requesting hardware removal of the prominent thoracolumbar fixation and spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The clinical documents evidence the patient presents with gastrointestinal complaints; however, after examination of the clinical notes submitted for review, there is a lack of documentation of the patient's current medication regimen. The clinical notes do not indicate how often the patient utilizes this medication or the efficacy of treatment. Therefore, given all of the above, the request is not medically necessary or appropriate.