

Case Number:	CM13-0025516		
Date Assigned:	11/20/2013	Date of Injury:	05/18/2010
Decision Date:	01/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 05/18/2010. The treating diagnosis is 729.5 or soft tissue limb pain. An initial physician review noted that there was no documentation of the number of previous work condition treatments and did not support an indication for the requested continued work conditioning. That review also noted that there was no documentation that the patient had a gastrointestinal condition for which work hardening would be indicated. The treating physician notes accompanying the request for continued work conditioning and the request for continued use of Orudis and Protonix are handwritten with extremely limited clinical information beyond some checks or circles on a form indicating ongoing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

work conditioning two times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and PDR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Section Page(s): 125.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Work Conditioning, page 125, states "Treatment is not supported for longer than 1-2 weeks without

evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities." The medical records at this time contain very limited information to support such benefit from past work conditioning or from the patient's treatment overall. This request is not medically necessary.

Protonix 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and PDR

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Section Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications and Gastrointestinal Symptoms, page 68, states, "Determine if the patient is at risk for gastrointestinal events: Age greater than 65 years, history of peptic ulcer or GI bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple anti-inflammatory medications." The medical records do not meet such criteria and do not provide an indication or rationale for ongoing gastrointestinal prophylaxis. This request is not medically necessary.