MAXIMUS Federal Services

Case Number:	CM13-0033280		
Date Assigned:	01/15/2014	Date of Injury:	02/13/2006
Decision Date:	04/16/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 53 year old man with a date of injury of 2/13/06. He was seen by his primary care provider on 7/23/13 for complaints of pain in his neck and upper and lower back. The physician reviewed the findings of an agreed medical examiner report. His physical exam showed bilateral positive Tinel and Phalen's sign and left thenar weakness. He had tenderness to palpation of the paraspinous muscles in his low back and a positive straight leg bilaterally. His quadriceps strength was 4/5 and he was ambulatory with a mild antalgic gait. His diagnoses included cervical thoracic strain/arthrosis with resultant cephalgia, probable bilateral carpal tunnel syndrome or bilateral cubital tunnel syndrome, bilateral elbow lateral epicondylitis, status post L4-5 anterior posterior decompression and instrumental fusion, tension and probable bilateral medial hernias. His medications were Tylenol #3 and omeprazole. He was dispended a walking cane for mobility support. The cane and omeprazole are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 68-69.

Decision rationale: This worker has neck and back pain. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of an NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 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). The records do not support that the patient is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is non certified. 2.

1 CANE WITH 6 BLACK OFFSET HANDLES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE

Decision rationale: This injured worker has chronic neck and back pain with a 'mild antalgic gait'. His exam was significant for 4/5 quadriceps strength and bilateral straight leg raise. A cane is typically used to minimize the weight over a joint to reduce pain or to help with balance with leg weakness. Canes help most when the gait issue is one sided or mild. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to his gait or document the medical necessity. A cane is not supported as medically necessary.