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| Case Number: | CM13-0034202 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 04/05/2001 |
| Decision Date: | 07/03/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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. The expert reviewer is Board Certified in Occupational 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 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/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 applicant has filed a claim for chronic knee, neck, and low back pain reportedly associated with an industrial injury of April 5, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. A July 2, 2013 progress note was notable for comments that the applicant reported 9/10 pain, anxiety, and depression. The applicant was on oxycodone, Lyrica, Cymbalta, Prilosec, senna, Soma, and Duragesic, it was stated. The applicant's work status was not provided. A variety of medications were renewed. The applicant was asked to employ senna as needed for constipation and Prilosec for gastritis. Gastritis was not, it is incidentally noted, expounded upon or elaborated upon. The applicant's stated diagnoses including neck pain, multilevel degenerative disk disease of lumbar spine, carpal tunnel syndrome status post carpal tunnel release surgeries, fibromyalgia, knee pain secondary to total knee replacement, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is described as having ongoing issues with gastritis. While these issues have admittedly been incompletely characterized, they are, nevertheless, present/evident here. Therefore, the request is medically necessary.

DOCUSATE/SENNOSIDES #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. In this case, the applicant is in fact using a variety of opioids, including Duragesic and oxycodone. Concomitant provision of a laxative, docusate-sennosides is indicated. Therefore, the request is medically necessary.