MAXIMUS Federal Services

Case Number:	CM13-0038177		
Date Assigned:	01/15/2014	Date of Injury:	02/16/2011
Decision Date:	03/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 filed a claim for chronic elbow pain reportedly associated with an industrial injury of February 16, 2011. Thus far, the patient has been treated with the following: Analgesic medications, attorney representation; anxiolytic medications; transfer of care to and from various providers in various specialties; elbow corticosteroid injection; prior right shoulder arthroscopy in 2011; and extensive periods of time off of work. In a Utilization Review Report of September 19, 2013, the claims administrator denied a request for physical therapy, denied a request for omeprazole, approved request for tramadol, and partially certified request for Ativan for tapering purposes. The patient's attorney subsequently appealed. An earlier handwritten note of November 11, 2013 is difficult to follow, not entirely legible, notable for ongoing complaints of multifocal shoulder and elbow pain with associated tenderness and limited range of motion noted about the same. The patient is again placed off of work, on total temporary disability. The patient is asked to continue current medications which are apparently not refilled on this date. In an earlier handwritten note of May 31, 2013, the patient was again placed off of work, on total temporary disability, while medications including Ultram, Ativan, and Prilosec were renewed. The patient was described as not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Omeprazole cap 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any signs of symptoms of dyspepsia, reflux, and/or heartburn for which ongoing usage of omeprazole would be indicated. Therefore, the request is not certified, on Independent Medical Review.

Request for Lorazepam tab 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Guidelines, chronic or long-term usage of benzodiazepine anxiolytics such as lorazepam is not indicated. Benzodiazepines are not the treatment of choice for any condition, the MTUS further notes. In this case, the attending provider has not proffered any patient-specific rationale or narrative along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. The fact that the patient remains off of work, on total temporary disability, further argues that previous usage of lorazepam have been ineffectual. Therefore, the request remains non-certified, on Independent Medical Review.