

Case Number:	CM13-0059258		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2013
Decision Date:	04/10/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 08/01/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with cervical strain, right shoulder impingement syndrome, right wrist sprain, bilateral moderate carpal tunnel syndrome, lumbar radiculopathy, and left greater trochanter bursitis. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent pain with poor sleep quality. Physical examination revealed tenderness to palpation of the right shoulder, reduced range of motion with positive impingement testing, positive Tinel's and Phalen's testing bilaterally, reduced sensation in bilateral wrist, spasm with paravertebral muscle tenderness of the lumbar spine, restricted range of motion, and tenderness to palpation of the left hip. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG ONCE A DAY #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), NSAIDs and Proton Pump Inhibitors

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the documentation submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

MEDROX PAIN RELIEF OINTMENT BID: 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), Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Capsaicin is indicated only as an option in patients who have not responded or are intolerant to other treatments. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with poor sleeps quality. Satisfactory response to treatment has not been indicated. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.