

Case Number:	CM13-0060066		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2004
Decision Date:	05/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52-year-old female who reported an injury on 06/17/2004. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her neck and low back with radiating pain into the bilateral lower extremities. The injured worker was evaluated on 10/23/2013. It was documented that she had ongoing low back and cervical spine pain complaints rated at a 5/10. Objective physical findings included painful cervical range of motion and tenderness to palpation over the C2-4 facet joints and tenderness to palpation over the L4-S1 facet joints with limited range of motion secondary to pain. The injured worker's diagnoses included cervical facet syndrome, cervical radiculitis, cervical spine stenosis, status post fusion of the C5-7, low back pain, and lumbar intravenous (IV) degeneration. The injured worker's treatment plan included an MRI (magnetic resonance imaging) of the right shoulder and continuation of medications to include Naprosyn 500 mg, Omeprazole 20 mg, and Percocet 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #30, BETWEEN 10/23/2013 AND 10/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Non-steroidal anti-inflammatory drugs (NSAIDs), Gastrointestinal (GI) symptoms & cardiov.

Decision rationale: The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since approximately 05/2012. However, the injured worker's most recent clinical evaluation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at continued risk for developing gastrointestinal events related to medication usage. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for Omeprazole 20mg, #30 is not medically necessary or appropriate.

PERCOCET 5/325MG, #180, BETWEEN 10/23/2013 AND 1/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On-Going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is evaluated for aberrant behavior. The clinical documentation does indicate that the injured worker has been on this medication since at least 10/2012. However, the clinical documentation fails to provide any evidence of significant functional benefit or pain relief as a result of medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for Percocet 5/325mg, #180 is not medically necessary or appropriate.