

Case Number:	CM13-0061656		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2010
Decision Date:	08/26/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 34-year-old male who was reportedly injured on June 26, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 22, 2014, indicated that there were ongoing complaints of neck pain, shoulder and upper back pains. The physical examination demonstrated an antalgic gait pattern, requiring single point cane for assistance, painful range of motion of the cervical spine with noted muscle spasm, and a decrease in painful lumbar spine range of motion. Diagnostic imaging studies objectified minimal, ordinary disease of life degenerative disc bulges in the cervical and lumbar spine. Previous treatment included multiple medications and injection therapies. A request had been made for multiple medications and was not certified in the pre-authorization process on November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZONE 20 MG CAPSULES # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68 of 127.

Decision rationale: This medication is a proton pump inhibitor. This is used to treat gastroesophageal reflux disease or can be considered a gastric protectant for individuals requiring or utilizing non-steroidal medications. Gastritis has not been documented as a diagnosis for the injured worker, nor was there in the progress notes reflected of any gastric complaints. Therefore, based on the clinical records presented for review and by the parameters outlined in the California Medical Treatment Utilization Schedule, there is no clinical indication presented to deem this medication medically necessary.

NAXPROXEN 550 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66 & 73 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered the ongoing complaints of pain and given the fact that there is aptly no clinical indication that this medication has ameliorated the symptomatology, increased functionality, or addressed the pain complaints, there is no clinical indication that this reparation has any efficacy whatsoever. It is noted that this is an option in treating various situations; however, with the long-term use, this medication has been employed and there not being any positive response, there is no clinical indication presented to establish the medical necessity to use is a medication again.