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| Case Number: | CM13-0064022 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/12/2011 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, 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 22-year-old who reported an injury on July 12, 2011, after an altercation with a co-worker. The patient reportedly injured his neck, back and jaw. The patient's treatment history included medications, ice, and heat applications, physical therapy, and psychological support. The patient's most recent clinical evaluation dated June 10, 2013, documented that the patient continued to have emotional distress and psychological deficits. It was also documented that the patient had continued pain complaints to multiple body parts. The patient's diagnoses included major depressive disorder and pain disorder with associated psychological factors and general medical condition. At that time, the patient's treatment recommendations included continued psychological treatment and participation in a more intensive structured behavioral pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HEATING PAD FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: California Medical Treatment Utilization Schedule does not recommend passive modalities as a stand alone treatment. There is no recent documentation that the patient is participating in any type of active therapy that would benefit from an adjunct passive modality. As there was no recent clinical documentation submitted for review, the appropriateness of the request cannot be determined. The request for one heating pad for the neck is not medically necessary or appropriate.

ONE PRESCRIPTION OF OXYCODONE 5 MG, 90 COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Initiating Therapy Page(s): 77.

Decision rationale: There was no recent clinical documentation submitted for review to support the request. California Medical Treatment Utilization Schedule recommends initiation of opioid therapy after all first line treatment medications have been exhausted. The clinical documentation does not include any recent treatment history or functional deficits that would benefit from opioid therapy. Therefore, the appropriateness of this medication cannot be determined. The request for one prescription of Oxycodone 5 mg, 90 count, is not medically necessary or appropriate.

ONE PRESCRIPTION OF OMEPRAZOLE 20 MG, 60 COUNT WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular.

Decision rationale: There was no recent documentation submitted for review to support the request. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. There was no recent clinical documentation demonstrating that the patient was at risk for development of gastrointestinal disturbances related to medication usage. The request for one prescription of Omeprazole 20 mg, 60 count with one refill, is not medically necessary or appropriate.