

Case Number:	CM13-0067297		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2012
Decision Date:	05/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 underlying date of injury in this case is 02/08/2012. The patient has diagnoses including cervical disc protrusion, cervical radiculopathy, and right shoulder tenodesis. As of 11/04/2013, the treating orthopedic surgeon reported the diagnoses as shoulder sprain and shoulder impingement. In a report by the primary treating physician on 11/04/2013, the treating physician notes that the patient was awaiting authorization for right shoulder arthroscopy with subacromial decompression and rotator cuff repair. That note indicates that the physician would refill the patient's medications since they helped maintain function and caused no side effects. The specific medications renewed are not apparent in the medical records. Previously on 09/04/2013, medications included acetaminophen, Tramadol, Nubumetome, Omeprazole, and Losartan. An initial physician review recommended non-certification of Omeprazole and Regulold given the lack of clinical information to support indications for these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20 MG, TAKE 1 PO BID # 60:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommends that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records are unclear at this time in terms of the specific risk factors for gastrointestinal events which would support indication for Omeprazole. The records do not support a rationale or indication for this treatment. This treatment is not medically necessary.

RETROSPECTIVE REQUEST FOR RAGULOLD 390 GM, DISOLVE IN 8 OZ OF WATER AT HS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regulold is indicated for the treatment of constipation. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/initiating treatment, page 77, recommends use of prophylactic treatment of constipation. However, it is not clear from the medical records if this patient is being treated with opioids, and it is not clear overall if this patient has constipation. Overall, the rationale or indication for this treatment is not apparent from the records. This request is not medically necessary.