

Case Number:	CM13-0070185		
Date Assigned:	01/08/2014	Date of Injury:	02/02/2013
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 injured worker is a 36-year-old male who reported an injury on 02/02/2013 after a fall off a ladder. The injured worker reportedly sustained an injury to his cervical, thoracic, and lumbar spine. The injured worker's treatment history included physical therapy, acupuncture, and chiropractic care. The injured worker's chronic pain was managed with multiple medications to include Norco, Naproxen, and Terocin patches. The injured worker was evaluated on 10/17/2013. It was documented that he had continued pain complaints of the cervical spine and left shoulder. The injured worker's pain was rated at a 6/10 that was alleviated with medications without any significant side effects. Physical findings included tenderness to palpation over the left paraspinal musculature and left lower cervical facet joints at the C5-6 and C6-7 with positive left-sided facet loading. It was also noted that the injured worker had full range of motion of the left shoulder with tenderness to palpation over the acromioclavicular joint and decreased sensation to light touch in the C6-7 dermatomal distributions with decreased motor strength of the left upper extremity. The injured worker's diagnoses included degenerative disc disease of the cervical spine, cervical spondylosis, cervical radiculopathy, and left shoulder pain. The injured worker's treatment plan included electrodiagnostic studies of the bilateral upper extremities to determine the necessity of a medial branch block versus an epidural steroid injection, trigger point injections, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The requested 1 prescription of Omeprazole 20mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. However, the most recent clinical documentation does not support that the injured worker suffers from any side effects related to medication usage. Additionally, the 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 development of gastrointestinal disturbances related to medication usage. Therefore, continued use of this medication would not be supported. 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 1 prescription of Omeprazole 20mg #60 is not medically necessary or appropriate.

1 PRESCRIPTION OF HYDROCODONE/APAP 5/325MG #30CM13-0070185: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The requested 1 prescription of Hydrocodone/APAP 5/325mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has 6/10 pain exacerbated by movement and alleviated by medication. However, a quantitative assessment to support pain relief resulting from medication usage was not provided. Additionally, functional benefit was not clearly evident within the clinical documentation provided. Also, there was no documentation that the injured worker was monitored for aberrant behavior or engaged in an opioid pain contract with the prescribing physician. Also, the request as it is submitted does not identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Hydrocodone/APAP 5/325mg #30 is not medically necessary or appropriate.

