

Case Number:	CM13-0071605		
Date Assigned:	01/08/2014	Date of Injury:	09/13/2010
Decision Date:	04/02/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 53 year old female with a date of injury on 09/13/2010. The mechanism of injury was not provided. She has been treated for chronic neck pain and right shoulder pain. On 01/30/2013 an EMG/NCS was positive for mild carpal tunnel syndrome. A trial of opiate medication Hydrocodone/APAP 5/500 #60 was certified on 11/26/2013. On 12/04/2013 she had cervical paravertebral muscle tenderness and spasm with decreased sensation along the right ulnar nerve. The neck pain and shoulder pain were worse. She had decreased range of motion of the neck, shoulder and elbow. Tinel's sign was positive at the right elbow. She had headaches with numbness and tingling of her right face for months.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 30 Omeprazole DR 20mg (RETRO 12/4/13): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Principles of Internal Medicine, 18th Edition, 2011 and the Omeprazole FDA approved packet insert.

Decision rationale: MTUS and ODG do not comment on proton pump inhibitors in this clinical situation. It is not a recommended treatment for any of the patient's injuries. There is no documentation that the patient is taking an NSAID or has an increased risk of GI bleeding. She is not taking an NSAID. The only mention of a GI problem in the 12/04/2013 note was that another physician was caring for her stomach problem. There is insufficient documentation to substantiate the medical necessity for omeprazole. There is no documentation of a FDA approved indication for omeprazole.

The request for 60 Norco 5/325mg (RETRO 12/4/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76.

Decision rationale: There was no documentation of an acute re-injury recently. This drug was started in 11/2013 and on 12/04/2013 her pain was worse. MTUS Chronic pain addresses trials of opioid use. There must be documentation of efficacy in pain treatment. Also there is long term risk of abuse and dependence. There was no documentation of an opiate contract. The date of injury was 09/13/210 and a trial of opioids started on 11/26/2013 with retrospective review to 12/04/2013. Even if started on 12/04/2013 there was insufficient documentation to substantiate the medical necessity of opioid treatment. There was insufficient documentation to substantiate the medical necessity of a trial of opioids and for continued long term use of opioids. MTUS Chronic pain noted that in a trial of patients already taking opioids, there was no difference in the rate of return to work between those who were weaned off opioids and those who were not.