

Case Number:	CM14-0001503		
Date Assigned:	01/22/2014	Date of Injury:	01/15/2010
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/03/2014

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 Texas and Oklahoma. 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 38 year old male who reported an injury on 01/15/2010 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/03/2013 for reports of chronic right hand pain and chronic depression. The exam noted concern for the injured worker's mood disorder and lack of further psych medication prescriptions. The diagnoses were not included in the exam note. The treatment plan included psychiatry referral for medication management. The request for authorization dated 12/03/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 10/14/13, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs.

There is no evidence in the documentation provided if the injured worker is currently prescribed NSAIDs. There is no evidence in the documentation provided of a risk for gastrointestinal events. Therefore, the request is not medically necessary.

MONTHLY FOLLOW UP VISIT TO MONITOR PATIENT AND MANAGE MEDICATION X 8 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office Visits.

Decision rationale: The request for monthly follow-up visit to monitor patient and manage medication x 8 months is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker has not had an initial evaluation for psychological evaluation and care. The psychological evaluation in the documentation provided was conducted in the capacity of an Agreed Medical Examiner and did not express an opinion on the further need of psychological/psychiatric care until the medical file could be reviewed. Therefore, based on the documentation provided, the request is not medically necessary.