

<b>Case Number:</b>	CM14-0002542		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 10/03/2013. The mechanism of injury was not specifically stated. Current diagnoses include cervical radiculopathy, cervical sprain, thoracic sprain, lumbar sprain, lumbar radiculopathy, and sleep disturbance. The injured worker was evaluated on 01/22/2014. The injured worker reported severe neck pain with radiation into bilateral upper extremities, severe thoracic pain, moderate low back pain with radiation into bilateral lower extremities, and insomnia. Current medications include Cartivisc 500/200/150 mg and omeprazole 20 mg. Physical examination revealed negative findings. Treatment recommendations at that time included continuation of current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG # 60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68,69

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. Therefore, the request is non-certified.

**CARTIVISC 500/200/150 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 50

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 50

**Decision rationale:** California MTUS Guidelines state Glucosamine (and Chondroitin Sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The patient does not maintain a diagnosis of osteoarthritis. There is also no frequency listed in the request. Therefore, the request is non-certified.