

Case Number:	CM14-0106357		
Date Assigned:	09/15/2014	Date of Injury:	10/06/2002
Decision Date:	11/04/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 Internal Medicine has a subspecialty in Nephrology 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:

This is a 53-year-old female with a 10/6/02 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/4/14, the patient presented with continued complaints of lower back pain rated at 10/10 without medications. She continued to have difficulties with prolonged standing, sitting, and any type of repetitive bending or stooping. Without medications, the patient stated that she is bed bound and unable to perform anything. With medications, the pain levels drop to about a 6/10 on the pain scale. She is able to function more and has increased endurance with ambulation. According to an appeal note dated 9/30/14, it is noted that the patient is experiencing significant weakness and difficult with ambulation. The patient has tried ambulating around with a cane and is no longer able to satisfactorily do so. The patient is status post shoulder surgery, decompression, with continued complaints of the shoulder with any type of repetitive pushing, pulling, or overhead reaching. So a manual wheelchair will not suffice for the patient. Objective findings: loss of lordosis, tenderness to palpation over paraspinal muscles, decreased sensation over right L3 and bilateral S1 dermatome. Diagnostic impression: musculoligamentous strain of lumbar spine, radiculopathy to bilateral lower extremities, status post lumbar spine fusion, internal derangement of right knee, impingement syndrome of the right shoulder. Treatment to date: medication management, activity modification, surgery. A UR decision dated 6/17/14 denied the requests for motorized scooter, Prilosec, and ibuprofen. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. In the present case, the provider has noted that the patient is no longer able to ambulate with a cane due to significant weakness and is unable to use a manual wheelchair due to shoulder complaints. However, there is no documentation that the patient does not have a caregiver who is able to provide assistance with a manual wheelchair. Therefore, the request for Motorized scooter, purchase was not medically necessary.

Prilosec 20mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the present case, the patient is currently taking the NSAID, Ibuprofen. Guidelines support the prophylactic use of Omeprazole in patients utilizing chronic NSAID therapy. Therefore, the request for Prilosec 20mg, #60 was medically necessary.

Ibuprofen 800mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is noted in the reports provided for review, that the patient's pain level drops from a 10/10 without medications to a 6/10 with medications. With medications, she is able to function more and has increased endurance with ambulation. Guidelines support the continued use of NSAIDS with documentation of pain relief and functional improvement. Therefore, the request for Ibuprofen 800mg, #60 was medically necessary.