

Case Number:	CM14-0107013		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2013
Decision Date:	10/27/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with an injury date of 07/10/13. Per the 03/13/14 report by [REDACTED], the patient presents with left elbow pain radiating to the left arm as well as lower back and left foot pain that radiates to the left leg. Pain is described as throbbing, aching, cramping and burning with pins and needles sensation. There is weakness in the left arm and leg. At best pain is rated 4/10 and 10/10 worst. Examination of the lumbar spine reveals that rotation range of motion is limited and the following tests are positive: Straight Leg Raise, Patrick's and Gaenslen's maneuver. The patient's diagnoses include: 1. Lumbago 2. Enthesopathy of elbow, unspecified 3. Insomnia due to medical condition classified elsewhere Medications are listed as, Gabapentin, Terocin patch, Hydrocodone, Venlafaxine, Anaprox, and Omeprazole The utilization review being challenged is dated 06/02/14. The rationale regarding Transportation to Physical Therapy is that there is no documentation the patient cannot drive and the reason for the request is not specified. Reports from 01/16/14 to 09/23/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation assistance to [REDACTED] two times a week.: 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 Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: The patient presents with left elbow pain radiating to the arm, lower back pain and left foot pain that radiates to the left leg rated 4-10/10. The provider requests for Transportation assistance to [REDACTED] two times a week. On 03/13/14 the provider states authorization is requested for transportation to psychological treatment sessions safely as the patient's medications affect his ability to drive. Treatment reports were provided from 04/26/14 and 03/26/14 from [REDACTED], Psy.D., Clinical Psychologist, at [REDACTED]. ODG guidelines discuss transportation to and from appointments in the Knee and Leg Chapter. It is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the provider indicates that the patient is unable to self-transport due to medications. The purpose of medications is foremost to improve the patient's function. If the patient's current medications are prohibiting the patient from the ability to drive, then medications should be reviewed and changed. The patient does not present with any other disabilities that inhibit the ability to self-transport. This request is not medically necessary.

Omeprazole 20mg tablets, one tablet two times a day, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left elbow pain radiating to the arm, lower back pain and left foot pain that radiates to the left leg rated 4-10/10. The treater requests for Omeprazole 20 mg tablets, one tablet two times a day, #60. The reports provided appear to show this a new medication as of 03/13/14 as it appears on no prior reports going back to 01/16/14. The treater states the medication is recommended for patients at intermediate risk for GI events and no cardiovascular disease. The MTUS Guidelines page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.

1. Age is more than 65 years.
2. History of peptic ulcers, GI bleeding, or perforations.
3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.
4. High-dose multiple NSAIDs.

In this case the treater quotes MTUS guidelines regarding the use of this medication; however, there is no GI assessment provided as required by MTUS above. Therefore, recommendation is for denial.