

Case Number:	CM14-0014652		
Date Assigned:	02/28/2014	Date of Injury:	02/11/2013
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopaedic Surgery 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 medical records presented for review indicate the date of injury as February 11, 2013 for this 60 year old individual. The current diagnosis is lumbago (724.2). The pain management note dated December 18, 2013 discusses severe left sacroiliac joint pain and left lower extremity involvement. The pain complaints also involve the cervical spine. A right sacroiliac joint injection was completed in October noting a 50% improvement in pain complaints. Numbness and tingling are in every dermatome in the cervical spine. A decrease in cervical spine range of motion is reported. Degenerative changes are noted on a lumbar MRI. Topical Fentanyl and other added preparations have been dispensed. A cervical epidural steroid injection was completed in February, 2014 and was the third in a series of injections completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF: FENTANYL PATCH 25MCG/HR #10 30 DAY SUPPLY:
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 CA MTUS 9792.24.2 California Code of Regulations, Title 8. Effective July 18, 2009.CA MTUS p 44. Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastro esophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over the counter without a prescription. There is no objectification of a gastric distress syndrome, or any noted complaints relative to the stomach. Therefore, the use of this medication is not medically necessary at this time.

PHARMACY PURCHASE OF: OMPERAZOLE 20MG #30 30 DAY SUPPLY: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: When considering the date of injury, the injury sustained the ongoing complaints of pain with no noted efficacy or utility with utilization of the medication sought; there is insufficient clinical evidence presented to support the ongoing use of this medication.