

Case Number:	CM14-0117410		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2013
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 injured worker is a 29 year old female who was injured on 05/13/13, sustaining a work related injury to her right wrist due to repetitive work. Current diagnoses include chronic pain syndrome (gastritis, generalized nociceptive tenderness), adjustment disorder with anxiety and depressed mood, chronic cervical and lumbar pain, and possible bilateral shoulder internal derangement. Clinical note dated 01/16/14 indicated the injured worker presents for follow up of lateral epicondylitis of right elbow and tenosynovitis of her right wrist. The documentation indicated the injured worker takes Tylenol, Naprosyn and Prilosec. Clinical note dated 02/05/14 indicated that the injured worker presented with findings of maladjustment disorder with features of anxiety and depression and was referred for psychological evaluation and treatment. Management included discontinuation of nonsteroidal medication and continued Omeprazole. Clinical note dated 03/16/14 indicated the injured worker appeared chronically ill and anxious, with generalized nociceptive tenderness to light palpation especially around the neck and shoulder area. There was marked restriction with cervical spine range of motion, and restriction in both shoulders with abduction and flexion with impingement. Clinical note dated 05/23/14 indicated the injured worker complains of frequent headaches that interfere with her sleep. She continues to use omeprazole. Clinical note dated 06/11/14 indicated the patient continues to have global pain complaints and heightened anxiety. Objective finding include generalized nociceptive tenderness. Documentation indicated the patient remains to be under the care of pain psychologist. Treatment plan included increasing Cymbalta from 20 to 30 milligrams daily, continue Omeprazole 20 milligrams daily for GERD symptoms, and added Zantac 300 milligrams at HS (bedtime). Nonsteroidal and narcotics were still on hold. Clinical documentation indicated the injured worker had MRI of the cervical spine on 07/14/14 which revealed no evidence of cerebral spinal fluid (CSF) space compromise or neuroforaminal

narrowing at any cervical level. The requests for Zantac 300 milligrams tab #30 and Prilosec 20 milligrams capsules quantity thirty were previously noncertified on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 300mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, NSAIDs, GI symptoms and cardiovascular risk

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Zantac is an H2 blocker. Concomitant prescription of cytoprotective medication (H2 blockers) is recommended for patients at substantial risk for gastrointestinal (GI) bleeding. Clinical documentation did not indicate any other (GI) symptom that puts her at risk for gastrointestinal bleeding. The documentation has indicated as well that nonsteroidal medication has been discontinued. There is no indication why Zantac 300 milligrams tab was added to the treatment plan when the patient is already on Omeprazole 20 milligrams daily. As such, the request for Zantac 300 milligrams tab is not recommended as medically necessary

Prilosec 20mg, #30: 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) Pain (Chronic), Proton Pump Inhibitors

Decision rationale: As per official Disability Guidelines, proton pump inhibitors (PPIs) are indicated for patients at risk for gastrointestinal events. The clinical documentation however, has undicated in several instances that nonsteroidal antiinflammatory medication has been discontinued. The indication for the use of Omeprazole is not clear, and there is no documentation if the patient is getting any benefit or improvement from the continued use of the medication. As such the request for Prilosec 20 milligrams tab is not recommended as medically necessary.