

Case Number:	CM14-0124750		
Date Assigned:	08/11/2014	Date of Injury:	10/11/2010
Decision Date:	09/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 42-year-old male who reported an injury to his cervical region after a fall. The injured worker stated the initial injury occurred on 10/11/10. The clinical note dated 07/01/14 indicates the injured worker continuing with complaints of cervical region pain. The note indicates the injured worker having been prescribed the use of Omeprazole and Imitrex. The clinical note dated 05/15/14 indicates the injured worker continuing with complaints of neck pain and lower back issues. The note also indicates the injured worker continuing with the use of Omeprazole and Imitrex. Upon exam, no strength deficits were identified in the extremities. Decreased sensation was identified at the C5 and C6 dermatomes on the right. Reflex deficits were identified at both ankles. The utilization review dated 07/01/14 resulted in a non-certification for the use of Omeprazole and Imitrex as no information had been submitted regarding the injured worker's migraine history. Additionally, no information had been submitted regarding the injured worker in need of the treatment to address any GI complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - head/triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain Chapter, Imitrex® (sumatriptan).

Decision rationale: The use of Imitrex is an effective treatment in addressing migraine related complaints. No information was submitted regarding the injured worker's migraine history therefore, this request is not medically necessary.

Omeprazole 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain Chapter, Proton pump inhibitors.

Decision rationale: The use of Omeprazole is indicated for injured workers at risk for GI events. No information had been submitted regarding the injured worker being at risk for any GI issues. Without this information in place, it is unclear if the injured worker would benefit from the continued use of Omeprazole therefore, this request is not medically necessary.