

Case Number:	CM14-0172983		
Date Assigned:	10/23/2014	Date of Injury:	05/05/2011
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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:

Patient is a 45 year-old male with date of injury 05/05/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/08/2014, lists subjective complaints as pain in the right knee and low back. PR-2 was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles bilaterally and along the midline. Range of motion was decreased in all planes. Sitting nerve root test was positive bilaterally. Examination of the right knee revealed tenderness along the medical joint line, decreased range of motion and a positive McMurray's test. Diagnosis: 1. Cerebral concussion 2. Cervical strain with radiculopathy 3. Status post left wrist surgery 4. Lumbosacral multilevel disc bulges 5. Right knee strain/sprain 6. Face contusion and cheek numbness. The medical records supplied for review document that the patient was first prescribed the following medication on 09/08/2014. Medications: 1. Tylenol #3, #60 SIG: TID 2. Omeprazole 20mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Tylenol #3 #60 with 1 Refill is not medically necessary.

Omeprazole 20 MG #60 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs)

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Omeprazole 20 MG #60 with 1 Refill is not medically necessary.