

Case Number:	CM14-0181917		
Date Assigned:	11/06/2014	Date of Injury:	01/03/2012
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 54 year old patient with date of injury of 01/03/2012. Medical records indicate the patient is undergoing treatment for derangement of the left shoulder status post left shoulder arthroscopy, descogenic disc disease of the cervical and lumbar spine, status post blunt head trauma, lumbar sprain and cervical sprain. Subjective complaints include neck and lower back pain radiating into the upper left extremity, rated 8/10; pain in left shoulder rated 9/10, numbness in the left shoulder as well as arm and fingers on his left arm. Objective findings include decreased sensation at C5, C6, C7 and C8 dermatomes on the left side, diminished reflexes on the left side, decreased cervical range of motion, tenderness over the paraspinals and trapezius muscles, left greater than right, normal muscle strength on the right at C5, C6, C7 and C8, but decreased on the right at the same cervical levels; deep tendon reflexes were 2+ on the right at brachioradialis and triceps and 1+ on the right; left shoulder exam revealed Neer's and Hawkin's impingement were positive, drop arm test was positive. Treatment has consisted of physical therapy, Norco, Kera-Tek. The utilization review determination was rendered on 10/20/2014 recommending non-certification of Prilosec and Consultation and treatment with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: 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): 68-. Decision based on Non-MTUS Citation Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: MTUS states "Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Prilosec is not medically necessary.

Consultation and treatment with [REDACTED]: 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, Office Visits

Decision rationale: ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The treating physician does not provide documentation or identifying information for [REDACTED], nor do they provide a reason for the referral or what treatments this patient will be seeking. As such, the request for Consultation and Treatment with [REDACTED] is not medically necessary.