

Case Number:	CM14-0022081		
Date Assigned:	05/09/2014	Date of Injury:	10/21/2009
Decision Date:	11/17/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family 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:

This injured worker's date of injury was 06/21/2002. The patient's complaints include headaches, chronic neck, and upper back pain. On exam there is tenderness in the posterior neck muscles with spasm palpable L greater than R. Left shoulder regions are tender. There are neck surgery scars. Motor exam shows no weakness. Her diagnoses include cervical disc disease, myofascitis, and lumbar disc disease. The medical diagnoses are: cervical disc disease, cervicothoracic and Lumbosacral myofascitis. The patient received chiropractic treatment. Medication taken include: Cymbalta, Zofran, Butrans patch, clonazepam, Neurontin, and Remeron.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE LABS (NO SPECIFICS GIVEN): 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 GABAPENTIN & AEDs Page(s): 16, 17 & 49. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,, , 16-17, 49

Decision rationale: The medical documentation presented did not include information regarding a surgical intervention. Based on the lack of documentation of a surgical procedure, the request for pre-operative labs is not medically indicated.

PRILOSEC 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & CV Risk Page(s): 68 and 69.

Decision rationale: Prilosec is a proton pump inhibitor (PPI). This medicine is medically indicated to prevent harm from NSAIDS or corticosteroids when given by mouth in patients who have shown susceptibility to gastrointestinal complications from these agents. The medical documentation presented in this case does not establish a basis for using a PPI. The request for Prilosec is not medically necessary.