

Case Number:	CM14-0025863		
Date Assigned:	06/13/2014	Date of Injury:	04/20/2011
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation, 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 male who reported an injury on 04/20/2011; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 12/03/2013, it was revealed that the injured worker reported ongoing muscle spasms and pain with a pressure ulcer that was not progressing. It was further noted that the injured worker's wife was providing the wound care. The injured worker's medication list included MS Contin 15 mg twice a day, Norco 10/325 mg 1 to 2 a day as needed, Klonopin 1 mg 3 times a day, Colace 100 mg 3 to 4 times a day, baclofen 10 mg 2 to 3 times a day, Pristiq 50 mg daily, Prilosec 20 mg once a day, midodrine hydrochloride 5 mg once a day, and Amitiza 20 mcg daily. The physical exam reported no significant changes from previous exams. The injured worker's diagnoses were listed as paraplegia at T6 level, large ulcer with probable MRSA and bone contamination, and erectile dysfunction. The treatment plan was noted to include prescribing a 2 month supply of the current medication list that was provided and provide a urology consult to address erectile dysfunction. Within the clinical note dated 01/28/2014 it was noted that the injured worker's pressure ulcer was progressively getting worse with lots of drainage and expressed he wanted to have surgery. Within the treatment plan it was noted that the physician was ordering a wound vac for that patient's wife to utilize at home to address the discharge from the wound. The request for authorization form was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of proton-pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs, and a history of peptic ulcers. Within the clinical notes reviewed there was a lack of documentation of any medication that indicated the injured worker was taking high dosages of NSAIDs. Additionally, there was no documentation to show that the injured worker had a history of peptic ulcers, GI bleeding or perforations. Without further documentation of the injured worker utilizing high dosages of NSAIDs or a clinical history showing the injured worker to be at risk for peptic ulcers, GI bleeding or perforations, the request cannot be supported at this time by the Guidelines. As such, the request is not medically necessary.

1 WOUND VAC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Vacuum-assisted closure wound-healing.

Decision rationale: The request for 1 wound vac is not medically necessary. The Official Disability Guidelines state that vacuum-assisted closure of wound healing has conflicting evidence, case-by-case recommendations are necessary. The Guidelines further state for chronic skin wounds (including pressure ulcers, diabetic ulcers, and vascular ulcers) are a major source of morbidity and leading to considerable disability, and are associated with increased mortality. The body of evidence is insufficient to support conclusions about the effectiveness of vacuum-assisted closure in the treatment of wounds. Without support from the Guidelines to indicate usage of vacuum-assisted closure wound healing devices, the request at this time cannot be supported by the Guidelines. As such, the request is not medically necessary.