

Case Number:	CM14-0029419		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2009
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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 38-year-old female who sustained an injury on 10/09/09 when she was assaulted by a passenger at a bus stop. The injured worker developed sustained injuries to the arm and low back as well as a psychological injury. The injured worker was diagnosed with posttraumatic stress disorder PTSD and severe psychosocial stress. The injured worker had been followed by [REDACTED] for pain management. The clinical record from 01/07/14 noted increasing pain in the lumbar spine with stable pain in the right wrist. Physical examination noted tenderness to palpation of the right wrist at the dorsal side and tenderness in the lumbar paravertebral musculature. The injured worker described pain with lumbar range of motion. The injured worker received Toradol injection at this visit and injection of vitamin B12. Follow up on 02/18/14 noted persistent complaints of pain in the neck and arm and low back. Physical examination noted positive Tinel and Phalen signs at the right wrist. There was continued tenderness to palpation in the lumbar spine with pain on range of motion. The injured worker again received a Toradol injection and vitamin B12 injection at this visit. The submitted request for omeprazole 20mg #120, ondansetron 8mg #30 with two refills, cyclobenzaprine 7.5mg #120, and tramadol ER 150mg #90 were denied by utilization review on unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed-Release 20mg #120: Upheld

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

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

Decision rationale: Omeprazole 20mg quantity 120 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this reviewer would not have recommended this request as medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain for other preferred options.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: Cyclobenzaprine 7.5mg quantity 120, is not medically necessary according to none of the clinical records discussed the use of this medication. There was no indication that Cyclobenzaprine was a currently prescribed medication and did not identify any significant pain improvement obtained with the use of this medication that would support its ongoing use. Therefore, this medication is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol ER 150mg quantity 90, none of the clinical records discussed the use of this medication. There was no indication that Tramadol was a currently prescribed medication and did not identify any significant pain improvement obtained with the use of this medication that would support its ongoing use. Therefore, this medication is not medically necessary.

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- ([http://www.odg-twc.com/odgtwc/pain.htm#Topical analgesics](http://www.odg-twc.com/odgtwc/pain.htm#Topical%20analgesics)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: In regards to the request for Terocin patch quantity 30, none of the clinical records discussed the use of this medication. There was no indication that Terocin patches were a currently prescribed medication and did not identify any significant pain improvement obtained with the use of this medication that would support its ongoing use. Therefore, this medication is not medically necessary.