

Case Number:	CM14-0031186		
Date Assigned:	04/09/2014	Date of Injury:	06/13/2007
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 53-year-old male who reported an injury on 06/28/2007 after a fall. The injured worker's treatment history included acupuncture, chiropractic care, a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and multiple medications. The injured worker was evaluated on 10/03/2013. It was documented that the injured worker could not provide a medication list at the time of that appointment. Physical findings included decreased range of motion of the lumbar, thoracic and cervical spine. The injured worker had decreased sensation in the C6-7 dermatomes. The injured worker's diagnosis included facet arthropathy, cervicgia, degenerative joint disease of the right shoulder, and non-steroidal anti-inflammatory drug induced gastritis. The treatment recommendation was made for cyclobenzaprine, GABAdone, gabapentin, Imuhance, omeprazole, Percura, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 10/3/2013): OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-inflammatory medication Page(s): 22,67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drug (NSAIDS), GI symptoms & cardiovascular risk Page(s).

Decision rationale: The California Medical Treatment Utilization Schedule recommends the continued use of gastrointestinal protectants be based on an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events related to medication usage. Although the injured worker is documented to have a diagnosis of non-steroidal anti-inflammatory drug (NSAIDS) induces gastritis, there is no documentation of an assessment of the injured worker's risk factors to support ongoing use of this medication. The clinical documentation submitted for review does indicate that the injured worker was taking this medication in 07/2013. There is no documentation of efficacy to support continued medication usage. Also, the clinical documentation from the requested date of service indicates that the injured worker could not provide a medication usage list. As the injured worker's medication usage could not be assessed, the appropriateness of additional medications can also not be determined. Also, the requested medication request did not include frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for date of service 10/03/2013 omeprazole 20 mg #60 is not medically necessary or appropriate.

PERCURA #120, (DOS: 10/3/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food and <http://reference.medscape.com/drug/percura-amino-acids-mixture-999793>.

Decision rationale: The online resource, Medscape.com, states that this medication is a medical food commonly used to assist with pain and inflammation and peripheral neuropathy. The Official Disability Guidelines (ODG) does not commonly support the use of medical food without well documented nutritional deficits that would benefit from the use of a medical food. Additionally, the clinical documentation submitted for review does indicate that the injured worker could not provide an account of his medication usage. Therefore, an assessment of the injured worker's medication usage and the need for additional medications could not be assessed. Also, the request as it is submitted does not include a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for date of service 10/03/2013 for Percura #120 is not medically necessary or appropriate.