

Case Number:	CM14-0032280		
Date Assigned:	06/20/2014	Date of Injury:	12/31/2003
Decision Date:	07/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 Nevada. 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 49-year-old female was reportedly injured on December 31, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated September 9, 2013, indicated there were ongoing complaints of neck and upper extremity pain. The physical examination noted a decrease in cervical spine range of motion, slight loss of motor function in the upper extremities and no specific neurological losses. Diagnostic imaging studies were referenced; however, not presented for review. Previous treatment included multiple medications. A request had been made for multiple medications and was not approved in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

#30 Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines: PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: The clinical indication for a protein pump inhibitor such as omeprazole is either for the prevention of gastroesophageal reflux disease (GERD) or response to non-steroidal

anti-inflammatory preparation. In the medical records, there were no complaints of any gastrointestinal distress. There was no data presented to suggest the need for such a preparation. Therefore, based on the records presented for review, this is not medically necessary.

Refill of TG Hot and FlurFlex Creams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: As outlined in the MTUS, the use of such topical preparations are "largely experimental," and there is no noted efficacy or utility provided in the progress notes reviewed demonstrating that this preparation is ameliorating the symptomology. Therefore, based on the limited clinical records presented for review, this is not medically necessary.