

Case Number:	CM14-0032302		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2012
Decision Date:	08/21/2014	UR Denial Date:	02/22/2014
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 Neurological Surgery 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 47-year-old male who was reportedly injured on January 7, 2012. The mechanism of injury is noted as hitting his head on a metal pipe. The most recent progress note dated December 17, 2013, indicates that there are ongoing complaints of neck pain and headaches. Current medications include Topamax, omeprazole and hydrocodone. The physical examination demonstrated tenderness over the bilateral temporal muscles and the posterior cervical spine. An x-ray of the cervical spine shows evidence of prior left neck surgery but is otherwise normal. A request had been made for hydrocodone/APAP, omeprazole, a posterior cervical foraminotomy at C5-C6, and general practitioner follow-ups and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

Decision rationale: Hydrocodone/APAP is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for hydrocodone/APAP is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 OF 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured worker does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for omeprazole is not medically necessary.

One posterior cervical foraminotomy on the left at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy - Laminectomy - Laminoplasty, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, prior to proceeding with a discectomy, laminectomy, or foraminotomy there must be evidence of radicular pain in the cervical distribution that correlates with the operative level as well as imaging studies that correlate with these findings. According to the attached medical record the injured employee does not have any radicular findings on physical examination or concerning findings of nerve root compression on diagnostic imaging. For these reasons this request for a foraminotomy on the left at C5-C6 is not medically necessary.

General practitioner follow-ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Office Visits, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, office visits should be determined medically necessary taking into account the injured employee signs and symptoms, clinical stability, and reasonable physician judgment. The most recent note in the medical record dated December 17, 2013, was from the primary care provider for the injured employee. Therefore it is unclear what the intention of this request is. Without additional information this request for general practitioner follow-ups is not medically necessary.