

Case Number:	CM14-0034417		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2010
Decision Date:	07/24/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 46-year-old female who was reportedly injured on November 1, 2010. The mechanism of injury is noted as lifting heavy baggage. The most recent progress note, dated January 27, 2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated decreased cervical spine and lumbar spine range of motion with pain. There was pain with shoulder motion and risk motion and knee motion. Decreased sensation was noted from the C5 through T2 dermatomes. There was a positive cervical foraminal compression test bilaterally as well as a positive shoulder apprehension test and empty can test. There was a positive Phalen's test at both wrists. Patellar crepitus was noted at both knees. Chiropractic care was recommended. Previous treatment includes six weeks of physical therapy. A request had been made for Prilosec, Ultram, and Norco and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines states that proton pump inhibitors (PPI) are recommended for usage in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs) for those individuals at risk for gastrointestinal (GI) events. Those at risk would include those greater than 65 years of age, a history of peptic ulcer disease, GI bleeding, concurrent use of aspirin or corticosteroids, or high-dose/multiple anti-inflammatories. The progress note dated January 28, 2014 recommended to discontinue Anaprox 550 mg and start Mobic. Therefore this request for Prilosec is not medically necessary.

Ultram 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

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

Decision rationale: According to the most recent progress note dated January 27, 2014, there is no mention of specific objective pain relief from the use of Ultram. Additionally there is no mention of its ability to help the injured employee with general function and ability to perform activities of daily living, nor is there any mention of side effects or potential aberrant behavior. For these reasons, this request for Ultram is not medically necessary.

Norco 7.5/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: According to the most recent progress note dated January 27, 2014, there is no mention of specific objective pain relief from the use of Norco. Additionally there is no mention of its ability to help the injured employee with general function and ability to perform activities of daily living, nor is there any mention of side effects or potential aberrant behavior. For these reasons, this request for Norco is not medically necessary.