

Case Number:	CM14-0034692		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2003
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 62-year-old female injured on September 15, 2003. The mechanism of injury is not stated in the records reviewed. The most recent progress note, dated May, 20, 2014, indicates that there are ongoing complaints of neck pain with radicular symptoms in the right arm. The physical examination demonstrated full range of motion of the cervical spine with a palpable tightness and muscle spasms of the paraspinal musculature. There was a refill of Norco, Anaprox, and Prilosec. A request had been made for Prilosec and a paraffin wax unit and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg QTY: 120.00: Upheld

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

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

Decision rationale: Prilosec is a proton pump inhibitor often prescribed to control gastrointestinal symptoms secondary to the use of NSAIDs. The injured employee has been

prescribed to be NSAID Anaprox but has not indicated any problems with side effects such as gastric upset with the use of this medication. This request for Prilosec is not medically necessary.

Paraffin wax unit QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Paraffin wax, Updated February 18, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of a paraffin wax unit is only recommended as an optional treatment for individuals with arthritic hand pain and then only when used in conjunction with an active physical therapy program. A paraffin wax unit is not indicated for the treatment of neck and arm pain nor is it clear how this is physically possible. This request for a paraffin wax unit is not medically necessary.