

Case Number:	CM14-0035980		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2012
Decision Date:	09/08/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Management, 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 56 year old male who sustained cumulative trauma from January 13, 1983 to March 15, 2012. He is diagnosed with cervical/lumbar discopathy; right shoulder impingement with magnetic resonance imaging evidence of a superior labral tear from anterior to posterior, full thickness supraspinatus tear, subscapularis partial tear, and partial infraspinatus tendon tear; status post left wrist surgery by history; bilateral carpal tunnel syndrome; (e) carpal tunnel/double crush syndrome; status post bilateral medial knee replacements; internal derangement of bilateral knees; gastroesophageal reflux disease; sleep apnea; hypertension; and retinal branch vein occlusion on the left eye. On January 22, 2014, the injured worker was seen for an orthopedic evaluation. He complained of persistent pain in the neck, which was aggravated by repetitive motions. He also complained of low back pain, which was aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. An examination of the cervical spine revealed tenderness over the paravertebral muscles and spasms in the upper trapezial muscle. Axial loading compression test and the Spurling's maneuver were positive. There was painful restricted cervical range of motion. Dysesthesia was noted at the C6 and C7 dermatomes. An examination of the right shoulder revealed tenderness at the right shoulder anteriorly. There was positive impingement sign. There was pain with terminal motion. An examination of the bilateral wrists and hand revealed tenderness over the volar aspect of the wrists. There was also tenderness at the A1 pulley of the bilateral thumb, which was greater on the right than left, with triggering. The injured worker's Tinel's and Phalen's signs were positive. There was dysesthesia at the radial digits and a weak grip was noted. An examination of the lumbar spine revealed tenderness over the lumbar paravertebral muscles. There was pain with terminal motion. The injured worker's seated nerve root test was positive. Dysesthesia was noted

at the L5 and S1 dermatomes. The injured worker was seen on February 24, 2014. He reported that abdominal pain was better with omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed-Released Capsules 20mg, #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary last updated 01/07/2014 Proton Pump Inhibitors (PPIs).

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, Proton Pump Inhibitors.

Decision rationale: According to the Official Disability Guidelines Treatment in Workers' Compensation 2013, proton pump inhibitors are recommended for those at risk for gastrointestinal events. Moreso, the injured worker responded favorably to this medication. From the reviewed medical records, it has been determined that the patient has been taking Naprosyn and has a history of gastroesophageal reflux disease. As such, the request is medically necessary.

Sumatriptan Succinate Tablets 25mg, #9x2 QTY: #18: 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) ODG-TWC Head Procedure Summary last updated 11/18/2013; Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, Migraine Headache.

Decision rationale: This medication is primarily indicated for migraine headaches. The injured worker is not diagnosed with migraine or cluster headaches. Moreso, there was no indication in the medical records that explains why this medication was prescribed. As such, the request is not medically necessary.

Tramadol Hydrochloride ER 150mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines : Opioids for chronic pain in general conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: There was no indication of contraindications for use of first-line medications for pain or whether the injured worker failed a trial of non-opioid analgesics. Also, there was

lack of documentation of ongoing management of this medication. As such, the request is not medically necessary.