

Case Number:	CM14-0036382		
Date Assigned:	07/16/2014	Date of Injury:	11/06/2003
Decision Date:	09/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 Family Practice, 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 patient is a 56 year old female who sustained an industrial injury on 11/6/03. The patient is diagnosed with CRPS left upper extremity, right shoulder impingement syndrome, degenerative changes of the AC joint, right wrist dynamic CTS and CTS, bilateral wrist first CMC joint OA, bilateral wrist/forearm tendinitis with medial and lateral epicondylitis, bilateral knee patellofemoral arthralgia, bilateral foot bunionectomy, and status post left shoulder arthroscopy with decompression, 1/13/10. Examination report dated 2/3/14 notes that the patient is not able to perform her ADLs and home care assistance is requested. Report dated 12/19/13 noted that the patient is to continue with Tylenol #3 and Zanaflex. UR dated March 21, 2014 non-certified the request for Prilosec DOS 2/24/14 as there was no noted gastrointestinal complaints or NSAID use that warrants the need for PPI. The request for Tylenol with codeine 300/30 mg #60 was also non-certified. PR-2 dated 4/7/14 checks of gastrointestinal ROS as negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 2/24/2014) Prilosec (20mg, #30): 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)- Treatment & Workman's Compensation (TWC): Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69.

Decision rationale: The medical necessity of Prilosec has not been established. The medical records do not establish evidence of gastrointestinal complaints or gastrointestinal upset to support this medication. In addition, as noted by evidence based guidelines, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Therefore, the request is not medically necessary.

Retrospective (DOS: 2/24/2014) Tylenol with Codeine (300/30mg, #60): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids Page(s): 34-35; 74-96.

Decision rationale: The patient is noted to have multiple diagnoses including CRPS. To address her chronic pain, the use of Tylenol with codeine would be supported to help alleviate the patient's complaints in this regards. The request is medically necessary.