

Case Number:	CM14-0037048		
Date Assigned:	06/27/2014	Date of Injury:	08/03/2001
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64-year-old female who reported an injury on August 3, 2001, which occurred in the course of her usual work duties. The injured worker had a physical examination on February 19, 2014, where she complained of neck pain, which radiated down the bilateral upper extremities, left greater than the right. There were also complaints of low back pain, radiating down the bilateral lower extremities. The injured worker stated the pain as 7/10 in intensity with medications, 8/10 to 9/10 without medications. The injured worker reported limitations with activities of daily living. The injured worker stated gabapentin was helpful with headaches and Lyrica was helpful with generalized pain. The lumbar examination revealed no gross abnormality; spasms were noted; tenderness was noted upon palpation in the spinal vertebral area at the L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. The sensory examination showed decreased sensitivity to touch along the L5-S1 dermatome in both lower extremities. The straight leg raise in a seated position was positive bilaterally at 70 degrees. The lower extremity examination revealed tenderness in the left knee; mild swelling was noted. The injured worker had an MRI of the cervical spine dated September 21, 2002, which revealed at C3-4, a 3 to 4 mm posterior disc protrusion flattening the dural sac; at C4-5, a 3 to 4 mm posterior disc protrusion flattening the dural sac and abutting the spinal cord. The injured worker also had an EMG (electromyogram) and nerve conduction study dated September 17, 2002, of which the findings were consistent with carpal tunnel syndrome on the right. The treatment plan was to request authorization for transportation for all visits as the injured worker is unable to drive due to severe functional limitations. The medications for the injured worker were Senokot, Neurontin 300 mg 1 tablet every 8 hours, Norco 5/325 mg 1 tablet every 8 hours as needed, omeprazole 20 mg 1 tablet daily, Prozac 20 mg 1 tablet daily, and Lyrica 50 mg 1

tablet twice a day. The diagnoses for the injured worker were cervical radiculitis, cervical radiculopathy, lumbar radiculopathy, left knee pain, occipital neuralgia, headaches unclassified, myositis, depression, diabetes mellitus, hypertension, complex regional pain syndrome of the left upper extremity, chronic pain (other), and generalized pain. The rationale was provided in the documentation submitted for review. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to all office visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to and from appointments).

Decision rationale: The request for transportation to all office visits is non-certified. The injured worker reported daily living limitations for activity, ambulation, hand function and sleep. She did report functional improvement for the following: cleaning, climbing stairs, cooking, doing laundry, driving, exercising at home, etc. In the physical examination dated January 22, 2014 noted the examiner did mention the patient would respond better to aquatic/pool therapy compared to land/physical therapy, due to the fact that the injured worker cannot easily walk and has failed prior land therapy. There were no reports submitted that the injured worker had participated in an aquatic pool therapy program. It also was not mentioned in the documentation submitted for review that the injured worker was participating in a home-based physical therapy/exercises at home. The Official Disability Guidelines state transportation to and from appointments is recommended for medically necessary injured workers, to appointments in the same community preventing them from self-transport. It was not reported in the injured worker's documentation if the appointments were in the same community. The necessity for transportation was not reported in detail in the injured worker's documentation. The rationale was not reported. Therefore, the request for transportation to all office visits is not medically necessary or appropriate.

Omeprazole 20 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68,69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors (PPIs).

Decision rationale: The injured worker does not have a diagnoses of any gastrointestinal events or gastrointestinal symptoms. The injured worker, as reported in the examination dated February

19, 2014, was not taking any NSAIDs (non-steroidal anti-inflammatory drugs). The California Medical Treatment Utilization Schedule states for patients with cardiovascular disease a non-pharmacological choice should be the first option. It is then suggested that acetaminophen or aspirin be used for short-term needs. For many people, Prilosec is more affordable than Nexium. Also, Prilosec is available as an over-the-counter product. Proton pump inhibitors are highly effective for their improved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all proton pump inhibitor prescriptions are used for unapproved indications or no indications at all. The injured worker does not have a diagnosis of gastrointestinal events. The request as submitted does not indicate a frequency for the medication. Therefore, the request for Omeprazole 10 mg, thirty count, is not medically necessary or appropriate.