

Case Number:	CM14-0045385		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2001
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 & 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 57 year-old male who was reportedly injured on February 6, 2001. The mechanism of injury is noted not listed in these records reviewed. The most recent progress note, dated June 5, 2014, indicates that there are ongoing complaints of neck pain. The pain levels are described as 8/10. The physical examination demonstrated a 5'5", 140 pound individual in no acute distress. There was no atrophy of the cervical spine musculature, no evidence of spasm or deformity, and a decreased range of motion is reported. Spurling test is positive. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, urine drug screening, shoulder surgery. Multiple narcotic medications have been discontinued. A request had been made for the medications omeprazole and a Klonopin and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 OF 127.

Decision rationale: Omeprazole is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There are numerous proton pump inhibitors available over the counter without a prescription. Gastritis has not been documented as a diagnosis for this claimant. Furthermore, there are no noted medications that would be considered irritants. Therefore, the use of this medication is not medically necessary at this time.

Klonopin 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page 24 of 127 Page(s): 24 OF 127.

Decision rationale: This medication is also known as clonazepam. Clonazepam is a benzodiazepine used for the treatment of anxiety, seizures, neuralgia, and periodic leg movement disorder. Furthermore, it is not recommended for long term use. Therefore, ongoing use of this medication is not medically necessary.

Fentanyl 75 mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127 Page(s): 111 OF 127.

Decision rationale: It is noted that a partial certification of this preparation was made so that a weaning process can be initiated. While noting that the California Medical Treatment Utilization Schedule does support topical analgesics, there are limited clinical indications. As noted these are largely experimental in use, and there is little in the way of randomized controlled trials to determine efficacy or utility. Lastly, based on the progress notes presented for review there is no noted efficacy as the pain levels continued be 8/10. Therefore, based on the clinical information presented for review the medical necessity of this medication has not been established. Therefore the request is not medically necessary.