

Case Number:	CM14-0067480		
Date Assigned:	07/11/2014	Date of Injury:	09/07/1998
Decision Date:	08/11/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty 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:

This is a patient with a date of injury of 9/7/98. A utilization review determination dated 4/9/14 recommends not medically necessary of Prilosec and Thermacare heat patch. On 3/18/14 medical report identifies bilateral knee pain, sleep difficulty due to right knee pain, GI upset due to pain medication, left shoulder pain, low back pain with radiation to the lower extremities, and mid back and scapular pain. On exam, there is decreased sensation mostly in the L5 dermatome on the right, lumbar spine tenderness and limited ROM with positive SLR to the right, thoracic tenderness, shoulder tenderness with positive impingement on the right and limited ROM on the left, and right knee medial and lateral joint line tenderness. Recommendations include massage, Thermacare heat patch, Ultracet, Voltaren gel, Prilosec due to NSAID causing GI upset and to prevent GI complications from NSAIDs, muscle stimulator, and home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole 20 mg 1 per day 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 68-69 of 127 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the provider notes that the medication is prescribed due to NSAID causing GI upset and to prevent GI complications from NSAIDs. However, the medication suggests that the only NSAID being utilized at the time was topical, which would not be expected to cause GI side effects, and no other indication for the medication was presented. In light of the above issues, the currently requested Prilosec is not medically necessary.

Thermacare heat patch, 3 per day 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for Thermacare heat patch, 3 per day 3 month supply, California MTUS and ACOEM note that patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines recommends the use of cold/heat packs. Within the documentation available for review, there is no documentation identifying the medical necessity of specialized heat patches rather than simple low-tech hot packs in the management of this patient's injuries. In the absence of such documentation, the currently requested Thermacare heat patch, 3 per day 3 month supply is not medically necessary.