

Case Number:	CM14-0073705		
Date Assigned:	07/16/2014	Date of Injury:	08/12/2006
Decision Date:	08/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 and 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 57 year-old patient sustained an injury on 8/12/06. The requests under consideration include retrospective request for Prilosec 20 mg, qty 60 DOS 03/18/2014 and retrospective request for Doral 15 mg, qty 30, DOS 03/18/14. The diagnoses included cervical herniated nucleus pulposus (HNP)/ left upper extremity radiculopathy; lumbar myoligamentous injury with HNP/ left lower extremity radiculopathy; status post (s/p) cervical discectomy/fusion; right total knee arthroplasty (TKA); history of SCS placement and removal; left TKA; patellar avulsion right knee; bilateral carpal tunnel syndrome; and medication induced gastritis. Per report of 3/18/14 from the provider, the patient has ongoing debilitating pain in her neck with radicular symptoms. She has been treated with trigger point injections. Medications list include, Oxycontin, Norco, Doral, and Dendracin topical. There is no report of new acute injury with unchanged clinical findings, diagnoses, and treatment plan. Follow-up report of 7/1/14 showed unchanged debilitating neck pain with associated cervicogenic headaches and radicular symptoms of both upper extremities rated at 5/10, manageable on current medication regimen. The patient requested repeating trigger point injections as well as cervical epidural steroid injections. There is also lower back pain with current consideration of lumbar epidural steroid injection planned s/p three completed prior. Medications list included, Oxycontin, Norco, Prilosec, Ambien, Cymbalta, Lyrica. The exam noted cervical trigger point tenderness, positive Tinel's with thenar/hypothenar atrophy; lumbar spine with temporary total disability, decreased range; knees with well-healed scars. The patient remained P&S as per orthopedic agreed medical evaluation on 3/25/09. The treatment included medications refill, Trigger point injections, and acupuncture. The requests for retrospective request for Prilosec 20 mg, qty 60 DOS 03/18/2014 was denied and retrospective request for Doral 15 mg, qty 30, DOS 03/18/14 was modified for final #30 for weaning on 4/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg, qty 60 DOS 03/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The retrospective request for Prilosec 20 mg, Qty 60 DOS 03/18/2014 is not medically necessary and appropriate.

Retrospective request for Doral 15mg, qty 30, DOS 03/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this 2006 injury. The retrospective request for Doral 15 mg, qty 30, DOS 03/18/14 is not medically necessary and appropriate.