MAXIMUS Federal Services

Case Number:	CM14-0079328		
Date Assigned:	07/18/2014	Date of Injury:	11/17/2003
Decision Date:	09/24/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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:

Patient is a 40 year-old male with date of injury 11/17/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/15/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left lower extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation of C5-7. Myofascial trigger points were noted in the trapezius muscles bilaterally. Range of motion was moderately limited due to pain. Lumbar spine: Tenderness to palpation ad spasm of the paraspinous musculature L4-S1. Range of motion was moderately limited secondary to pain. Sensory exam showed decreased sensitivity to touch along the L5 dermatome in the left lower extremity. Diagnosis: Cervical radiculopathy 2. Lumbar radiculopathy 3. Status post fusion, lumbar spine. Patient has completed 28 sessions of aquatic therapy to date. The medical records supplied for review document that the patient had not been prescribed the following medication before the request for authorization on 04/15/2014. Medications: 1. Omeprazole 10mg, #60 SIG: one cap by mouth once daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Omeprazole 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Proton Pump Inhibitors (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Therefore, this request is not medically necessary.

1 gym membership for one year with access to pool for pool therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PainGym membershipLow back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Therefore, this request is not medically necessary.