

Case Number:	CM14-0094876		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2012
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 records presented for review indicate that this 60-year-old female was reportedly injured on November 28, 2012. The mechanism of injury is listed as repetitive motion. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of cervical spine pain. Current medications include Norco and Prozac. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles and trapezius muscles. There was some guarding but no trigger points were identified. There was decreased cervical spine range of motion. The injured employee has had two MRIs of the cervical spine however those results are unknown. Previous treatment includes steroid injections and physical therapy. A request had been made for a CT of the cervical spine and omeprazole and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back (Acute & Chronic) - Computed tomography (CT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) - Computed Tomography (updated 08/04/14).

Decision rationale: According to the Official Disability Guidelines the CT of the cervical spine is only recommended for cervical spine trauma. The injured employee has had cervical spine pain from insidious onset. Additionally, it is unclear what additional information can be obtained from a CT that isn't already known on the previous cervical spine MRIs. As such, this request for a CT of the cervical spine is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation A search of evidence-based guidelines and the peer-reviewed medical literature failed to locate any support for utilizing proton pump inhibitors in the absence of gastrointestinal/gastroesophageal complaints, conditions or risk factor. The medical records do not reflect any evidence of gastrointestinal/gastroesophageal complaints, conditions or risk factors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

Decision rationale: Prilosec (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 is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.