

Case Number:	CM14-0097965		
Date Assigned:	07/28/2014	Date of Injury:	08/08/2008
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2008. Thus far, the applicant has been treated with analgesic medications; attorney representations; various interventional spine procedures; opioid agents; and topical drugs. In a Utilization Review Report dated June 18, 2014, the claims administrator approved a cervical pillow, approved a pain management consultation, approved a cervical magnetic resonance imaging, approved Norco, denied an internal medicine consultation, denied a compounded cream, and denied Prilosec. The claims administrator denied the internal medicine consultation invoking non-MTUS Chapter 7 ACOEM guidelines which he mislabeled as originating from the MTUS. In a May 12, 2014, medical-legal evaluation, it was suggested that the applicant was no longer working and had been deemed disabled. The applicant had apparently applied for and received benefits from Social Security Administration, it was suggested. The applicant had a variety of mental health issues, it was further noted. In a handwritten note dated July 15, 2014, difficult to follow, not entirely legible, the applicant was described as having persistent complaints of shoulder pain. The applicant was status post a recent functional capacity evaluation. The applicant was given a refill of Vicodin and a cervical pillow and placed off of work, on total temporary disability. A shoulder corticosteroid injection was sought. The note was very difficult to follow. It was suggested that the applicant should consult another physician for reflux disease. The note was extremely difficult to follow, however. In a July 1, 2014 progress note, the applicant was described as status post trigger point surgery. The applicant was on Prozac, Vicodin, and Omeprazole, it was noted. A topical compounded drug was furnished. The applicant was given diagnoses of shoulder stiffness and possible complex regional pain syndrome. In an April 22, 2014 progress note, the applicant was described as having issues with

nausea, vomiting, constipation, and diarrhea. The applicant did carry a diagnosis of gastroesophageal reflux disease. The attending provider, an orthopedist, suggested that the applicant consult an internist to address issues associated with abdominal pain and reflux. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, an orthopedic, is likely uncomfortable addressing issues associated with reflux and abdominal pain. Obtaining the added expertise of a physician who is better-equipped to address these issues, such as an internist, is therefore indicated. Accordingly, the request is medically necessary.

COMPOUNDED CREAM MEDICATION 25% KEOTOPROFEN 25% FLURBIPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI and Cardiovascular Risks.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant appears to be experiencing issues with stand-alone dyspepsia. By implication, introduction and/or ongoing usage of Omeprazole to combat the same is indicated. Therefore, the request is medically necessary.