

Case Number:	CM14-0098467		
Date Assigned:	07/30/2014	Date of Injury:	04/02/2002
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
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 Licensed 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:

The injured worker is a 56 year old male who was evaluated on 5/20/14 for complaints of neck and mid back pain as well as headache and right upper extremity pain. The symptoms had been occurring since the date of injury. Physical examination demonstrated reduced range of motion of the cervical spine and right shoulder joint. There was hypertonicity of the trapezius and scalene muscles. His upper extremity strength was 5/5 and there were positive impingement signs of the right shoulder. His diagnoses included myofascitis, muscle spasm, headache, wrist tenosynovitis and insomnia. The injured worker has a history of a previous spinal fusion at C5-6. His medications included Norco, Levothyroid, Simvastatin, and Lisinopril. Treatment plan included Prilosec and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: There is only one progress note dated 5/20/14 from the primary treating physician and no medical history is provided. Per the documentation the primary treating physician felt that placing the injured worker on a non-steroidal anti-inflammatory drug would place him at risk for the development of gastrointestinal distress. However, there is no indication in the documentation provided what risk factors exist, including a previous history of gastrointestinal irritation or gastritis. Therefore the requested Prilosec 20 mg #60 is not medically necessary.

Mobic 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68, and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The injured worker does have musculoskeletal diagnoses and pain. However, per the documentation he is taking a pain reliever and the efficacy of this medication is not indicated. Additionally, while the injured worker may benefit from a non-steroidal anti-inflammatory medication, he is taking medications for hypertension and hyperlipidemia and there is no documentation provided addressing a potential increased risk for cardiovascular problems related to the start of a non-steroidal anti-inflammatory medication. Therefore, the requested Mobic is not medically necessary.