MAXIMUS Federal Services

Case Number:	CM13-0071838		
Date Assigned:	12/22/2014	Date of Injury:	06/15/1999
Decision Date:	01/16/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine and is licensed to practice in Ohio. 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 58-year-old female with a date of injury of June 15, 1999. The mechanism of injury is not given however the industrially accepted body parts are right shoulder and arm. The diagnoses include right shoulder impingement syndrome, occipital neuralgia, cervical radiculopathy, myofascial pain syndrome, and lumbar spondylosis. She has a presumptive diagnosis of gastritis although there is no evidence of a definitive workup in this regard. She complains of neck pain radiating to the right upper extremity with numbness and tingling and lower back pain radiating to both lower extremities. She's been treated with physical therapy, nerve blocks, chiropractic treatments, a TENS unit, and medication. She has been taking the anti-inflammatory Celebrex and Norco. She has taken the Norco intermittently issues had insurance authorization difficulties. She complains of nausea +/- abdominal pain and constipation. She has been taking Nexium for roughly the last year or more. At issue is a request for the proton pump inhibitor of omeprazole and calcium/vitamin D supplements. She has been unable to discontinue the Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines; Official Disability Guidelines, Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk Page(s): 69.

Decision rationale: For treatment of dyspepsia secondary to NSAID therapy such as Celebrex, the referenced guidelines recommend stopping the NSAID, switching to a different NSAID, or consider H2-receptor antagonists or a PPI. In this instance, omeprazole would ordinarily be appropriate as the injured worker has been unable to discontinue her NSAID. However, she is already taking the proton pump inhibitor Nexium. The addition of omeprazole is therefore unnecessary. Hence, Omeprazole 20mg is not medically necessary.

Calcium D 600mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines; Official Disability Guidelines, Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Role of Epidemiology in the Assessment of Work-Relatedness Page(s): 31-32.

Decision rationale: Results from epidemiologic studies can contribute to the evidence of causality relationship between workplace risk factors and musculoskeletal disorders (MSDs). The framework for evaluating evidence for causality includes strength of association, consistency, temporality, exposures, response relationship, and coherence of evidence. Using this framework, the evidence for a relationship between workplace factors and the development of MSDs from epidemiologic studies is classified into one of the following categories: Strong evidence of work-relatedness (+++). A causal relationship is shown to be very likely between intense or long duration exposure to the specific risk factor(s) and MSD when the epidemiologic criteria of causality are used. A positive relationship has been observed between exposure to the specific risk factor and MSD in studies in which chance, bias, and confounding factors could be ruled out with reasonable confidence in at least several studies. Evidence of work-relatedness and some convincing epidemiologic evidence shows a causal relationship when the epidemiologic criteria of causality for intense or long-duration exposure to the specific risk factor(s) and MSD are used. A positive relationship has been observed between exposure to the specific risk factor and MSD in studies in which chance, bias, and confounding factors are not the likely explanation. Insufficient evidence of work-relatedness (/0). The available studies are of insufficient number, quality, consistency, or statistical power to permit a conclusion regarding the presence or absence of a causal association. Some studies suggest a relationship to specific risk factors, but chance, bias, or confounding may explain the association. Evidence of no effect of work factors (). Adequate studies consistently show that the specific workplace risk factor(s) is not related to development of MSD. A substantial body of credible epidemiologic research provides strong evidence of a connection between MSDs and certain work-related physical factors when there are high levels of exposure and especially in combination with exposure to more than one physical factor (e.g., repetitive lifting of heavy objects in extreme or awkward postures). The strength of the associations reported in the various studies for specific risk factors and adjustments for other factors varies from modest to strong. The largest increases in risk

generally are observed in studies with a wide range of exposure conditions and careful observance or measurement of exposures. In this instance, the prescription of Calcium D 600mg is not discussed within the medical records provided. Therefore, no industrial causality can be established that may justify this medication. Consequently, Calcium D 600mg is not medically necessary.