

<b>Case Number:</b>	CM14-0190539		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, is fellowship trained in Hematology Oncology and is licensed to practice in New Jersey and New York. 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 39-year-old female who reported an injury on 07/16/2014. The injured worker was reportedly head-butted by a client. The current diagnoses include neck pain, cervical radiculitis, closed head injury and visual disturbance. Previous conservative treatment is noted to include medication management. The injured worker presented on 10/09/2014 with complaints of neck pain, headaches, dizziness and visual disturbance. Physical examination revealed 70 degree flexion of the cervical spine, 70 degree extension, 5/5 motor strength in the bilateral upper extremities and positive head compression test. The injured worker was issued prescriptions for Naprosyn 500 mg and Prilosec 20 mg. A neurology consultation, ophthalmology consultation and MRI of the cervical spine were also requested on that date. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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): 89-92.

**Decision rationale:** The California MTUS/ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to the treatment plan. As per the documentation submitted, the injured worker underwent a neurology consultation in 08/2014. The medical necessity for an additional consultation has not been established. There is also no documentation of neurological deficits upon physical examination. The medical necessity has not been established. Therefore, the request is not medically necessary.

**Ophthalmology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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): 89-92.

**Decision rationale:** The California MTUS/ACOEM Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to the treatment plan. Although it is noted that the injured worker complained of worsening headaches and visual disturbances, the medical necessity for an ophthalmology consultation has not been established. There is no documentation of a functional deficit upon physical examination. Based on the clinical information received, the request is not medically necessary at this time.

**Naproxyn 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no indication that this injured worker is currently suffering from an acute exacerbation of chronic pain. There is no mention of an attempt at first line treatment with acetaminophen. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors of gastrointestinal events. There is also no frequency listed in the request. As such, the request is not medically necessary.