

Case Number:	CM14-0191268		
Date Assigned:	11/25/2014	Date of Injury:	08/06/2008
Decision Date:	02/05/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 47-year-old woman with a date of injury of 08/06/2008. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/23/2014 and 08/19/2014 indicated the worker was experiencing neck pain that went into the right arm and lower back pain. Documented examinations consistently described tenderness and spasm in the upper back muscles, decreased sensation in the arm and hand in an ulnar distribution, tenderness and spasm in the lower back muscles, a tender right shoulder keloid, decreased motion in the right shoulder, and tenderness in the right elbow. The submitted and reviewed documentation concluded the worker was suffering from multiple upper and lower back bulging disks, left cubital tunnel syndrome, right leg and arm radiculopathy, right shoulder pain, right elbow lateral epicondylitis, depression, and a keloid scar. Treatment recommendations included consultation with dermatology and with pain management, a second opinion for spine surgery, and oral medications. A Utilization Review decision was rendered on 10/13/2014 recommending non-certification for a dermatologist consultation for a right shoulder keloid, a consultation with a pain management specialist for chronic pain, and sixty tablets of omeprazole 20mg dispensed on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dermatologist Consult for the Keloided Scar of the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Goldstein BG, et al. Keloid and hypertrophic scars. Topic 5569, version 12.0. UpToDate, accessed 01/06/2015

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Keloid scars are caused by an overactive response to healing after a skin injury, such as an incision during surgery. Most keloids do not require treatment. However, none of the medical and surgical treatments available have been evaluated in high-quality studies, and there is no generally accepted treatment approach as a result. The submitted and reviewed records reported the worker developed keloid scarring after right shoulder surgery, and documented examinations described tenderness at the keloid. However, there was no discussion detailing any related functional problems or sufficiently supporting a need for specialist evaluation. In the absence of such evidence, the current request for a dermatologist consultation for a right shoulder keloid is not medically necessary.

Pain Consult for Chronic Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids, and Weaning of Medications Page(s): 76-77, 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records did not suggest any of these situations were occurring, and no discussion described extenuating circumstances that supported a medical need for a consultation with a pain management specialist. In the absence of such evidence, the current request for a consultation with a pain management specialist for chronic pain is not medically necessary.

Omeprazole 20mg #60, Dispensed on 09/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Druge Information. Topic 9718, version 144.0. UpToDate, accessed 01/05/2015.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering from multiple upper and lower back bulging disks, left cubital tunnel syndrome, right leg and arm radiculopathy, right shoulder pain, right elbow lateral epicondylitis, depression, and a keloid scar. There was no documentation suggesting the worker had any of the above issues or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of omeprazole 20mg dispensed on 09/23/2014 is not medically necessary.