

Case Number:	CM14-0191967		
Date Assigned:	11/26/2014	Date of Injury:	06/25/2003
Decision Date:	01/16/2015	UR Denial Date:	11/07/2014
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 Hospice Palliative Medicine 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 59-year-old gentleman with a date of injury of 06/25/2003. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 07/28/2014 and 10/27/2014 indicated the worker was experiencing lower back pain that goes into the legs and pain in the neck and both shoulders. Documented examinations consistently described decreased motion in the left shoulder, tenderness in the upper and lower back muscles, and positive testing involving raising a straightened right leg. The submitted and reviewed documentation concluded the worker was suffering from lower back and leg pain, radiographic evidence of a bulging L5 disk, possible left ischial bursitis, abnormal heart rhythm, left C7 radiculopathy, and ulnar neuropathy involving both sides. Treatment recommendations included oral pain medications, a change in medication for constipation, MRI imaging of the left shoulder, urinary drug screen testing, specialist consultation for shoulder pain, and follow up care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for a follow up consultation for the right shoulder, 180 tablets of Prilosec (Omeprazole) 20mg, and an unlimited supply of lactulose 30mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow-up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs and pain in the neck and both shoulders. The shoulder pain was interfering with the worker's function. For these reasons, the current request for a follow up consultation for the right shoulder is medically necessary.

Prilosec 20mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.. Decision based on Non-MTUS Citation Non-MTUS Omeprazole: Drug Information, Topic 9718, version 144.0, Up-to-date, accessed 01/13/2015.

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 records indicated the worker was experiencing lower back pain that goes into the legs and pain in the neck and both shoulders. There was no suggestion that the worker had currently or in the recent past findings consistent with any of the conditions omeprazole is approved to treat. There was no indication the worker taking a NSAID as part of the worker's pain management. Further, there was no discussion detailing extenuating circumstances that supports the use of this medication in this setting. In the absence of such evidence, the current request for 180 tablets of Prilosec (Omeprazole) 20mg is not medically necessary.

Lactulose 30ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lactulose: Drug information. Topic 9543, version 89.0., Up-to-date, accessed 01/13/2015. Wald A, et al. Management of chronic constipation in adults., Topic 2636 version 17.0. Up-to-date, accessed 01/13/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. Lactulose is a medication in the osmotic laxative and ammonium detoxicant classes. It is used to treat constipation and to treat and prevent portal systemic encephalopathy. The submitted and reviewed records indicated the worker was experiencing lower back pain that goes into the legs and pain in the neck and both shoulders. The worker was using an opioid and other medications as part of the worker's pain management that have the potential to cause constipation. However, there was no discussion detailing the presence of or a concern about constipation, and there was no indication the worker had liver disease. Further, the request was made for an indefinite supply of lactulose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an unlimited supply of Lactulose 30mL is not medically necessary.