

Case Number:	CM14-0200052		
Date Assigned:	12/10/2014	Date of Injury:	07/10/2013
Decision Date:	01/26/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 46-year-old woman with a date of injury of July 10, 2013. The mechanism of injury occurred when the injured worker was trying to give a soft drink to a customer through a drive-thru window. When she turned around, she hit her elbow on the window, resulting in immediate pain in her right elbow. The injured worker's working diagnoses are sprain/strain elbow; status post right elbow surgery, May 12, 2014; and myofascial pain. Pursuant to the progress note dated October 21, 2014, the injured worker complains of right elbow pain rated 4/10. The pain is described as burning and intermittent with radiation to the right hand. Documentation indicated that the injured worker is weeping with anxiety and poor mood. She does not have suicidal ideation. She reports that she does not want to take anti-depressants secondary to gastritis. She is using ice and heat on her elbow. She continues to perform the home exercises that she learned in therapy. Objectively, the injured worker is alert and oriented. There is tenderness to palpation. Skin is clean dry and intact. No other objective findings were documented. Medications were not documented. The treatment plan includes Omeprazole for gastric issues, Psychologist evaluation and follow-up Cognitive Behavioral Therapy X 6. The current request is for Omeprazole 20mg #60, and Cognitive Behavioral Therapy (CBT) X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker does not have a history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids, etc. In a progress note dated October 21, 2014 the injured worker stated "does not want to take antidepressant secondary to gastritis". Gastritis is not documented any other additional documentation. Additionally, there are no comorbid conditions noted in the medical record compatible with gastritis or any other risk factors noted. Consequently, absent the appropriate clinical indications and risk factors, Omeprazole 20 mg #60 is not medically necessary.

Cognitive Behavioral Therapy(CBT) x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute. <http://www.odg-twc.com/odgtwc/stress.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress, Cognitive Behavioral Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, cognitive behavioral therapy times six sessions are not medically necessary. The Official Disability Guidelines enumerated the frequency and duration of cognitive behavioral therapy (CBT). Up to 13 to 20 visits over 7 to 20 weeks (individual sessions), progress being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued, if appropriate. In this case, a progress note dated October 21, 2014 documents the injured worker was weeping, with anxiety. Her mood was poor. She does not want to take any antidepressants secondary to gastritis. The diagnoses are strain/sprain elbow; status post right elbow surgery; myofascial pain; and gastritis. The treatment plan indicates psychologist evaluation and follow-up CBT times six, and patient education depression discussed at length. CBT is not indicated at this time. Although the injured worker was weeping, anxious with an altered mood, there were no psychiatric symptoms or objective findings suggesting CBT is indicated. The injured worker requires a psychological evaluation, but not CBT. The request for Cognitive Behavioral Therapy Six Sessions is not medically necessary.

