

<b>Case Number:</b>	CM15-0001087		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	09/06/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26 year old male, who sustained an industrial injury on 9/06/2014, while moving classroom furniture. She has reported back and left shoulder pain. The diagnoses have included cervical and thoracic strain/sprain. Treatment to date has included conservative measures. Progress note, dated 9/17/2014, noted presentation "very odd and seems exaggerated". On 11/18/2014, the injured worker complained of increased left mid thoracic, neck, and left shoulder pain. He had difficulty sleeping, due to pain. He reported intermittent radiating pain from the left neck to left upper extremity, ending at the hand. Pain was 3-4/10 with medications and 6-7/10 without. Acupuncture treatments were reported to help. Cervical exam noted pain with spasm to palpation to left greater than right neck, mid to upper thoracic, and left periscapular area. Current medications included Anaprox and Omeprazole. He previously stopped Ultracet, due to gastrointestinal upset. No gastrointestinal symptoms were noted. Magnetic resonance imaging of the cervical and thoracic spines, dated 10/13/2014, noted degenerative disc disease and facet arthropathy with retrolisthesis C4-5 and C5-6. Mild canal stenosis included C3-4, C4-5, and C5-6. Treatment plan included a consult for possible epidural steroid injection and medications, including Anaprox and Omeprazole. The progress report, dated 10/28/2014, did not include a physical assessment, subjective or objective. On 12/03/2014, Utilization Review non-certified a request for pain management evaluation for the cervical spine, citing ACOEM Guidelines, and non-certified a retrospective request for Omeprazole 20mg (#60 with 2 refills, prescribed 10/28/2014), citing Official Disability Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management evaluation for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92; 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** While it is reported that the MRI showed mild stenosis, there is no report of acute flare-up for persistent chronic pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the epidural steroid injections. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the epidural or block is not supported, the pain management consultation for the procedure is not supported. The Pain management evaluation for the cervical spine is not medically necessary and appropriate.

**Retrospective request for Omeprazole 20mg, #60 with 2 refills, prescribed 10/28/2014:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective request for Omeprazole 20mg, #60 with 2 refills, prescribed 10/28/2014 is not medically necessary and appropriate.