

Case Number:	CM15-0006125		
Date Assigned:	01/26/2015	Date of Injury:	11/02/2013
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 61 year old female who sustained an industrial related injury on 11/2/13. The injured worker had complaints of bilateral shoulder pain that radiated to the left arm and elbow with associated numbness, tingling, burning, and weakness. Stomach irritation due to ibuprofen use was also noted. Diagnoses included degenerative osteophytes of the cervical spine, bilateral shoulder sprain/strain with clinical impingement, bilateral shoulder tendinosis, bilateral shoulder bursitis, bilateral shoulder biceps tenosynovitis, bilateral shoulder osteoarthropathy, lumbar spine sprain/strain, lumbar disc protrusion, lumbar spine anterolisthesis, lumbar spine disc desiccation, muscle spasms, medication induced gastritis, insomnia, and chronic pain. Treatment included physical therapy. Prescriptions included Naproxen, Diazepam, and transdermal compounds. The treating physician requested authorization for 2 Ibuprofen 800mg #60 and Omeprazole 20mg #30. On 12/15/14 the requests were non-certified. The utilization review (UR) physician cited the Official Disability Guidelines and noted no objective documentation or history regarding medications was provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Ibuprofen 800 mg #60 (dosage/refill not specified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC, Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 01/07/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ibuprofen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is a first line pain medication. According to the clinical documentation provided and current MTUS guidelines; Ibuprofen is indicated a medical necessity to the patient at this time.

Omeprazole 20 mg #30 (dosage/refill not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC, Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 01/07/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Omeprazole. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.