

Case Number:	CM15-0107455		
Date Assigned:	06/12/2015	Date of Injury:	07/01/2010
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male with an industrial injury dated 07/01/2010. The injured worker's diagnoses include varicose veins in bilateral lower extremities, lumbar strain with right lumbar radiculitis, secondary obesity, insomnia secondary to pain, and pain disorder causing secondary depression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/30/2015, the injured worker reported varicosities in bilateral lower extremities, right greater than left status post sclerotherapy to the right lower extremity, low back pain with radiation down the buttocks and bilateral legs, weight gain, insomnia secondary to pain and depression. The injured worker rated pain a 5-8/10. Objective findings revealed mildly depressed mood, small varicosity over bilateral lower extremities, slight edema of bilateral ankle and feet, tenderness to palpitation over the right sacroiliac (SI) region and decrease lumbar range of motion. The treatment plan consisted of medication management, consultation, and vascular surgery referral. The treating physician prescribed Omeprazole 20mg and Benadryl 50mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: This claimant was injured 5 years ago with a lumbar strain. There is obesity, insomnia, and depression reported. There are also varicose veins. He is post vein sclerotherapy. There is no mention of gastrointestinal issues. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID+ low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Further, the quantity and dosing, key parameters in assessing clinical appropriateness, are not noted. The request is appropriately not medically necessary based on MTUS guideline review.

Benadryl 50mg (unspecified qty): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Diphenhydramine (Benadryl).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk References, under Benadryl.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the Physician Desk Reference, this is a medicine used for allergy. The records do not portray the patient as having an allergic condition. The use of the medicine to aid the injury care is not clinically clear based on the records. The request is appropriately not clinically certified.