

Case Number:	CM15-0108153		
Date Assigned:	06/12/2015	Date of Injury:	06/09/2006
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male sustained an industrial injury to the right knee and back on 6/9/06. Previous treatment included right knee arthroscopy, physical therapy, cane and medications. In a PR-2 dated 4/13/15, the injured worker complained of pain, rated 7/10 on the visual analog scale to the right knee with popping, clicking and giving out and left shoulder pain rated 6/10 with popping and clicking. The injured worker reported that medications were helpful. Current diagnoses included left shoulder sprain/strain with internal derangement and right knee status post arthroscopy with degenerative joint disease. The treatment plan included prescriptions for Norco and Prilosec and a solar care FIR heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) solar care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Infrared therapy (IR).

Decision rationale: Regarding the requested Solar Care system, CA MTUS does not address the issue. ODG cites that infrared therapy is not recommended over other heat therapies. Within the documentation available for review, there is no rationale presented for the use of a specialized infrared system over the simple heat packs supported by the guidelines. As such, the currently requested Solar Care system is not medically necessary.

Prilosec 20 mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.