MAXIMUS Federal Services

Case Number:	CM15-0019959		
Date Assigned:	02/09/2015	Date of Injury:	02/21/2012
Decision Date:	04/03/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona
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 52-year-old male with a reported date of injury on 02/21/2012. The mechanism of injury was not provided. The injured worker was being treated for lumbar radiculopathy, lumbar sprain/strain, rotator cuff syndrome, and knee sprain/strain. The most recent clinical note dated 12/04/2014 noted the injured worker had complaints of right shoulder pain, bilateral knee pain, low back pain, and neck pain. On physical examination, there was tenderness, as well as decreased range of motion to the cervical spine. It was also noted that there was pain with internal rotation and spasm noted to the right trapezius. Examination of the right shoulder revealed tenderness with decreased range of motion and pain in abduction at 90 degrees. The lumbar spine was tender and had decreased range of motion with pain. Examination of the knees revealed tenderness over the bilateral knees and range of motion that was decreased with pain. Under treatment plan, it was noted that the injured worker was prescribed naproxen 550 mg and omeprazole 20 mg, as well as a request for authorization of a lumbar spine support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Lumbar supports.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. However, Official Disability Guidelines state that lumbar supports may be recommended for treatment option for compression fractures or for the treatment of spondylolisthesis, documented instability. The guidelines continue to state that lumbar braces may be considered after postoperative treatments. There is a lack of evidence within the documentation provided that the injured worker has a compression fracture, spondylolisthesis, documented instability, or has undergone recent a surgical procedure. As such, the request for lumbar spine support is not medically necessary.

Naproxen 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66; 67-68.

Decision rationale: According to the California MTUS Guidelines, non steroidal anti-inflammatory drugs, such as naproxen, may be recommended for relief of signs and symptoms of osteoarthritis or for short term symptomatic relief of chronic low back pain. Although the use of non steroidal anti-inflammatory drugs is currently recommended and supported by the treatment guidelines, the request as provided does not specifically address the quantity being requested or the frequency which it should be taken. Therefore, the request for naproxen 550 mg is not medically necessary.

Omeprazole 20 mg: 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).

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended in injured workers who are at increased risk for gastrointestinal events, such as injured workers over the age greater than 65 years; injured workers with history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or injured workers taking high dose/multiple NSAIDs. There is lack of evidence within the documentation that the injured worker is at increased risk for gastrointestinal events. In addition,

there is no symptomology or objective exam findings of diseases that would benefit from the use of a proton pump inhibitor. Furthermore, there is no documentation in regards to the quantity being requested. Therefore, the request for omeprazole 20 mg is not medically necessary.