

<b>Case Number:</b>	CM15-0131114		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 30-year-old female, who sustained an industrial injury on August 19, 2014. She reported neck pain, low back pain and finger numbness and tingling. The injured worker was diagnosed as having cervicgia, cervical disc syndrome, cervical myofascitis/myositis, lumbar disc bulging, lumbar muscle spasms and lumbar myofascitis. Treatment to date has included rest, stretching, exercise, medications and work modifications. Currently, the injured worker complains of neck pain radiating into the right shoulder with tingling radiating down the right upper extremity and finger and hand numbness at times and center low back pain radiating to the right buttock and thigh. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 26, 2015, revealed continued pain as noted. It was noted she had probable post-traumatic gastritis however, no symptoms were noted. Evaluation on May 7, 2015, revealed continued pain as noted with associated symptoms. She rated her neck pain using the visual analog scale from 1-10 with 10 being the worst at a 4-5 and her low back pain at 5. Evaluation on June 18, 2015, revealed continued pain as noted. Neck pain was rated on a visual analog scale (VAS) from 1-10 with 10 being the worst at a 3-5 and low back pain at 4. It was noted she had probable posttraumatic gastritis however, no symptoms were noted. Cervical and lumbar spine range of motion was decreased. Upper and lower muscle testing was within normal limits. She noted the cervical pain was improved with medications, stretching and resting. She reported little benefit with medications for the lumbar pain but noted alternating between sitting and standing was beneficial. It was noted she was on light duty at

work and noted the central low back pain had decreased with light duty however was sharply exacerbated with activities, standing and sitting. A pain management consultation was recommended. Prilosec 20 mg #60 and a pain management consultation were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, it was documented that the injured worker had "probable post-traumatic gastritis," however; no GI symptoms or GI risk factors were reported. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Pain management consult and follow up in 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 92, Chronic Pain Treatment Guidelines Pain management Page(s): 87-89.

**Decision rationale:** According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Pain Management consultation. According to the guidelines, evaluation and treatment of an injured worker can be handled safely and effectively by a primary care provider in the absence of red flags. There is no documentation that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. In addition, the injured worker reported less pain on each visit with the outlined plan of care. Medical necessity for the requested pain management consult and follow-up in six weeks has not been established. The requested services are not medically necessary.

