

Case Number:	CM15-0132318		
Date Assigned:	07/20/2015	Date of Injury:	02/26/2013
Decision Date:	08/26/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pennsylvania, Ohio, California
 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:

This 57 year old female sustained an industrial injury on 2/26/13. She subsequently reported back pain. Diagnoses include cervical radiculitis, myofascial pain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatments to date include x-ray and MRI testing, physical therapy and prescription medications. The injured worker continues to experience low back pain. Upon examination, antalgic gait favoring the right was noted. Tenderness to palpation was noted over paraspinal muscles overlying the facet joints on both sides, trigger points were noted over lower paraspinal and plus 1 muscle spasm was noted over lower paraspinal. Lumbar extension was limited. Seated straight leg raising was positive on the right at 30 degrees. A request for Omeprazole 20mg delayed release q daily for 30 days qty: 30 capsules refills: 2 prescribed 6-2-15 and Vicodin 5/300mg 1 twice daily as needed qty 60 refills 0 prescribed 6-2-15 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg delayed release q daily for 30 days qty: 30 capsules refills: 2 prescribed 6-2-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. The request is not medically necessary.

Vicodin 5/300mg 1 twice daily as needed qty 60 refills 0 prescribed 6-2-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.