

Case Number:	CM15-0137374		
Date Assigned:	07/27/2015	Date of Injury:	01/07/2015
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 35-year-old female who sustained a work related injury January 7, 2015. While fixing a curtain standing on a ladder, the handle broke and she fell on the ladder bracing it and hitting her stomach and wrist against the ladder and causing lower back pain. She was treated with medication and physical therapy and underwent x-rays of the abdomen, pelvis and lumbar spine. According to a primary treating physician's progress report, dated June 8, 2015, the injured worker presented with pain of the lumbar spine, cervical spine, bilateral hips, left knee, abdomen, and thoracic spine. Examination of the cervical spine revealed spasm and tenderness from C4-C7 and bilateral suboccipital muscles, distraction and shoulder depression test were positive. Examination of the lumbar spine revealed; wearing a back support, trigger points bilateral lumbar muscles, Kemp's test, Yeoman's and compression test were positive bilaterally. There is tenderness of the bilateral lower quadrants of the abdomen, Valsalva's negative and abdominal palpation is negative for organomegaly. Examination of the hips revealed tenderness and Fabere's test was positive bilaterally. Examination of the knees revealed spasm and tenderness to the left anterior joint line and popliteal fossa. Drawer test and McMurray's test are positive on the left. Diagnoses are lumbar disc displacement without myelopathy; cruciate ligament sprain of the left knee; cervical, thoracic, bilateral hip, abdominal strain. Treatment plan included pending consultation with internist regarding abdominal pain, stopped Flexeril and Tramadol due to adverse effects, complete remaining physical therapy sessions, and evaluation by pain management. At issue, is the request for authorization for Omeprazole and Tylenol 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab po qd #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

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.

Tylenol 3 1 tab po qd prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11 and 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tylenol 3 1 tab po qd prn #30, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol 3 1 tab po qd prn #30 is not medically necessary.