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| Case Number: | CM15-0139242 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 06/24/2013 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 37 year old female, who sustained an industrial injury on 06/24/2013. She has reported injury to the neck, bilateral shoulders, arms, hands, wrists, and low back. The diagnoses have included cervical spine pain with disc degeneration; cervical radiculopathy; cervical spondylosis; bilateral shoulder impingement; right shoulder sprain/strain; and status post right shoulder surgery in July 2014. Treatment to date has included medications, diagnostics, activity modification, injections, acupuncture, chiropractic therapy, physical therapy, and surgical intervention. Medications have included Tramadol, Norco, Flexeril, Ibuprofen, Naproxen, and Pantoprazole. Cervical MRI from 1/2/15 showed "mild reversal of normal cervical lordosis with moderate disc desiccation at C5-6 with no spinal cord stenosis or neural foraminal narrowing. A progress note from the treating physician, dated 06/05/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continuous neck pain radiating to both shoulders and arms, hand level; pain increases when turning the head from side-to side, flexing and extending the head and neck, reaching or lifting, and with prolonged sitting and standing; the pain level varies throughout the day, with a level of 8/10 on a scale of 1 to 10; continuous pain in both shoulders radiating to both arms, hand level; she notes instability of the shoulder as well as clicking, popping, and grinding sensations; she rates the pain at 4-8/10 on the pain scale; continuous pain in both hands and wrists; swelling, numbness, tingling, weakness, and loss of grip; pain level is rated at 7/10; continuous pain on the low back; the pain is accompanied with numbness, weakness, tingling, and burning sensation; and the pain level is rated at 5-6/10 on the pain scale. Objective findings included pain and stiffness with range of motion of the cervical spine; cervical spine range of motion is decreased;

there are well-healed portals noted over the right shoulder; there is moderate swelling over the right shoulder and arm; there is pain and stiffness with range of motion; ranges of motion of the bilateral shoulders are decreased; impingement sign is positive on the right; and grip strength is decreased on the right. The treatment plan has included the request for Pantoprazole 20mg #60; and MRI of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommended that it be used at the lowest dose for the shortest possible amount of time. As well, pantoprazole is considered to be second line after failed attempt at using first line agents such as omeprazole. Considering lack of documented necessity and lack of documentation indicating that a first line treatment was not effective, the medication does not appear to be clinically necessary at this time.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special studies and diagnostic and treatment considerations.

Decision rationale: According to ACOEM guidelines referenced by MTUS, cervical MRI is an appropriate diagnostic study "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] or other soft tissue, computer tomography [CT] for bony structures)." It should be noted that for this patient a recent cervical MRI was obtained in early January 2015. The current request to repeat imaging studies was made less than 6 months later, with no change in clinical status and no new injury reported. The current request does not specify clinical necessity for repeat MRI at this time nor is clinical rational (ie. new

symptoms or new injury) described. Therefore the repeat study is not appropriate at this time.