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| Case Number: | CM15-0142258 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 09/22/2006 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/22/2015 |

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 53 year old male who sustained an industrial injury on 9-22-06. The injured worker was diagnosed as having internal derangement of knee, status post arthroscopic surgery of knee, periarthrits shoulder, cervical Intervertebral disc disorder with myelopathy, lumbar Intervertebral disc disorder with myelopathy. Currently, the injured worker reported pain in the cervical spine, back, shoulders, upper extremities, left buttock, left hip and lower extremities. Previous treatments included oral pain medication, rest and non-steroidal anti-inflammatory drugs. Previous diagnostic studies included a cervical spine magnetic resonance imaging (5-27-15) revealing straightening of the normal curvature from muscle spasm, C3-4 and C4-5 disc space desiccation normal stature and central disc protrusion, radiographic studies of the left ribs (10-31-14) revealing no acute displace rib fracture. The injured work status was noted as temporarily totally disabled. The injured workers pain level was noted as 5.5 out of 10. Physical examination was notable for tenderness to palpation to the lumbar, left and right sacroiliac, bilateral buttock, and bilateral posterior leg. The plan of care was for Omeprazole 20 milligrams quantity of 60 and Naproxen 550 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) 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.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.