MAXIMUS Federal Services

Case Number:	CM15-0183385		
Date Assigned:	09/24/2015	Date of Injury:	11/04/1997
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Connecticut, California, Virginia
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 58 year old female who sustained an industrial injury on 11-04-1997. According to a progress report dated 06-02-2015, the injured worker had chronic neck pain and headaches and left low back and left lower extremity pain. She suffered an esophageal hernia as a result of cervical spine surgery. She underwent a barium swallow. She had ongoing swallowing difficulties and choked on food easily if not careful. She had throat pain when she swallowed certain food. She was authorized for an ear, nose & throat evaluation but had not been able to get an appointment. She could not locate an ENT who still accepts worker's compensation patients in the network. Diagnoses included cervical postlaminectomy syndrome cervical region, cervicalgia, brachial neuritis or radiculitis not otherwise specified and lumbago. Medications were refilled and included Norco, Tizanidine, Omeprazole and Citalopram. According to a primary treating physician's comprehensive pain management re-evaluation report dated 08-25-2015, the previously severe left upper neck pain and suboccipital headaches were better than before since the radiofrequency neurotomy for the left C2-3 and C3-4 facet joints that was performed on 09-10-2014. The pain had not returned. She had more pain in the right upper neck region and back of the head. The previously severe left sided low back pain improved by 90% following diagnostic facet injections performed on 08-12-2015. Her pain gradually came back and was now back to where it was prior to the procedure. Diagnostic impression included status post 3 previous cervical fusion surgeries, fusion of C4-5 and C5-6, history of suboccipital headaches due to adjacent level facet arthropathy above the fusion at C2-3 and C3-4, status post radiofrequency neurotomy of the left C2-3 and C3-4, significant low back pain more sore on right, MRI evidence for multilevel degenerative disc disease, spondylosis and facet arthropathy and left lower lumbar facet arthropathy pain greatly improved after diagnostic left L4-5 and L5-S1 facet injections. The

treatment plan included authorization request for facet nerve blocks and medication refill. The current medication regimen was not listed in this report. An authorization request dated 08-25-2015 was submitted for review. The requested services included Norco 10-325 mg #90, Omeprazole 20 mg #30 and Tizanidine 2 mg #75 and re-evaluation with named provider. On 09-10-2015, Utilization Review non-certified the request for Omeprazole and authorized the request for Norco 10-325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: It is not clear from the provided records whether or not the patient is currently taking NSAIDs. The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore, the request cannot be considered medically necessary given the provided information at this time.