

Case Number:	CM15-0194063		
Date Assigned:	10/07/2015	Date of Injury:	06/17/2009
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii
 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:

The injured worker is a 57 year old female, who sustained an industrial injury on June 17, 2009, incurring right wrist injuries. Electromyography studies revealed bilateral carpal tunnel syndrome. She was diagnosed with right carpal tunnel syndrome. She underwent a right wrist open carpal tunnel release and release of the right ulnar nerve at the elbow. Treatment included transcutaneous electrical stimulation unit, sling, exercises, and pain medications, sleep aides, antidepressants, anti-anxiety medications, and modified work duties. In November, 2009, she acquired further industrial injuries of the neck and neck. In 2014, the injured worker continued to have persistent neck and back pain. She underwent a cervical laminectomy and fusion in January, 2014, followed by eight visits of physical therapy. Following this surgery she developed involuntary movements throughout her body. She had a neurology evaluation which was unremarkable. The treatment plan that was requested for authorization on September 24, 2015, included a consultation with a Movement Disorder specialist for involuntary movements and a prescription for Prilosec 20 mg #60 with one refill. On September 1, 2015, a request for a consultation for involuntary movements and a prescription for Prilosec was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Movement Disorder specialist for involuntary movements: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with constant bilateral wrist and shoulder pain. The current request is for a consultation with a Movement Disorder specialist for involuntary movements. The treating physician states on 8/11/15 (255B) "Neurologist [REDACTED] in his 12/10/14 reports involuntary movements appeared to be myoclonic in nature, he recommended a movement disorder specialist at a university, I will request." ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the treating physician feels that additional expertise may be required and ACOEM supports referral to a specialist. The current request is medically necessary.

Prilosec 20mg BID #60with 1 refill: Upheld

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

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

Decision rationale: The patient presents with constant bilateral wrist and shoulder pain. The current request is for Prilosec 20mg, quantity 60 with 1 refill. The treating physician requests on 8/11/15 (255B) "Prilosec 20 mg BID 60, 1 refill." Omeprazole (Prilosec, Zegerid) belongs to group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the records provided do not document how long the patient has been using this medication nor is there any documentation of NSAID use, dyspepsia secondary to NSAID therapy or a documented GI assessment as required by MTUS. Therefore, the current request is not medically necessary.