

Case Number:	CM15-0020515		
Date Assigned:	02/10/2015	Date of Injury:	07/22/2013
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on July 22, 2013. He has reported while trying to push heavy pots and pans into a hole with one leg on the wall and pushing with his right extremity when he slipped and fell backwards onto his right extremity and back. The diagnoses were not included in medical record provided for review. Currently, the injured worker complains of neck pain with left arm referred tingling at the four last fingers, left shoulder/wrist/arm tingling and numbness and weakness with hand weakness, lower back pain with some stiffness and moderate anxiety, depression, nervousness, sleeping difficulty and tension. In a progress note dated July 22, 2014, the treating provider reports there is tenderness at the suboccipital nerve and posterior Nuchae muscle spam bilaterally. On January 26, 2015 Utilization Review non-certified a Senokot 8.6mg tablets quantity 100, and Omeprazole DR 20mg quantity 30, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot 8.5mg tab #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment

Decision rationale: The request is considered not medically necessary. ODG guidelines were used as MTUS does not address Senokot use. Senokot is a stool softener. There is no documentation that the patient is suffering from opioid-induced constipation. There is no documentation of GI complaints including constipation that requires this medication. Therefore, the request is considered not medically necessary at this time.

Omeprazole DR 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs, NSAIDs, GI risk

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is at risk of gastrointestinal events. He is younger than age 65, has no history of peptic ulcer, GI bleeding or perforation, does not use ASA, corticosteroids, or an anticoagulant, and does not use high dose/multiple NSAIDs. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically unnecessary.