

Case Number:	CM15-0219246		
Date Assigned:	11/12/2015	Date of Injury:	10/05/2001
Decision Date:	12/22/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

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 was a 56 year old male, who sustained an industrial injury, October 5, 2011. The injured worker was undergoing treatment for insomnia, GERD (gastroesophageal reflux disease), lumbar radiculopathy to the left with 5mm disc protrusion at L5-S1 with possibility of L5-S1 root impingement, bilateral wrist trauma and bilateral shoulder pain, right worse than the left, depression and frustration due to chronic pain. According to progress note of August 18, 2015, the injured worker's chief complaint was low back pain, bilateral wrist pain and bilateral shoulder pain. The low back pain was radiating into the calves, more on the left. There was intermittent numbness of the big toe and second toe of the left foot. The physical was not provided for the abdomen. The injured worker previously received the following treatments incisional hernia surgery March 24, 2015, Zegrid 40mg one daily since March 23, 2015. The RFA (request for authorization) dated August 18, 2015; the following treatments were requested a prescription renewal for Zegrid 40mg #30, due to stomach upset from pain medications. The UR (utilization review board) denied certification on October 6, 2015; for a prescription for Zegrid 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zegrid 40mg #30: 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 claimant sustained a cumulative trauma work injury with date of injury in October 2011. He underwent a mesh repair of an incisional hernia in March 2015. When seen, he was having bilateral shoulder and upper extremity pain. He was having radiating neck pain and radiating low back pain. He had done well after the hernia repair surgery. He was having occasional left groin discomfort. He had secondary hypertension and depression. Physical examination findings included decreased cervical and lumbar spine range of motion with muscle spasms. Spurling's testing was positive on the left side. Straight leg raising was positive bilaterally. He had slight bilateral forearm flexor muscle tenderness and ganglion cysts were noted over the volar wrists. He had medial forearm muscle swelling. There was medial and posterior elbow tenderness. He had decreased shoulder range of motion. The claimant's body mass index is over 31. Medications requested were Norco, Lunesta, Xanax, and Zegerid. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Zegerid (omeprazole) is not considered medically necessary.