

<b>Case Number:</b>	CM15-0053885		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: 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 48 year old male with an industrial injury dated 01/07/2012. His diagnoses included degenerative disc disease of the cervical spine, thoracic spine and lumbar spine; retrolisthesis cervical 4-5 and cervical 5-6, herniated nucleus pulposus of the cervical spine with canal stenosis, herniated nucleus pulposus of the thoracic spine, facet arthropathy of the thoracic spine, canal stenosis of lumbar 4-5 and neural foraminal narrowing right lumbar 4-5 and left lumbar 5-sacral 1. Prior treatment included posterior foraminotomy on the left at cervical 5-6 on 07/17/2014, epidural steroid injections at cervical 5-6, 24 visits of acupuncture, 24 visits of chiropractic treatment, 5 visits of physical therapy, pain medications, stomach medication and pain patches, anti-inflammatory medications and Tylenol. He presents on 01/08/2015 with complaints of neck and back pain. He is post cervical surgery, which he states provided a significant reduction in pain. On presentation 01/08/2015 his back was the worst complaint. He is taking Norco for pain and reports more than 50% pain relief. Objective findings noted a non-antalgic gait. Range of motion of the cervical spine was limited. MRI report from 01/08/2014 is documented in this note. Treatment plan included medications for stomach protection, pain medications, post-operative chiropractic care and follow up with general practitioner and orthopedic doctor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

**Decision rationale:** Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) is recommended. There is no increased risk of gastritis. Therefore, the request is not medically necessary.

**Unknown amount of general practitioner follow ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) consultation.

**Decision rationale:** According to guidelines it states consultation for a different medical specialty is only recommended if the diagnosis or treatment is out of the scope of the treating physician. Based on medical records there is no documentation as to why this is needed. Based on this it is not medically necessary.

**Unknown amount of general orthopedic follow ups:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) consultation.

**Decision rationale:** According to guidelines it states consultation for a different medical specialty is only recommended if the diagnosis or treatment is out of the scope of the treating physician. Based on medical records there is no documentation as to why this is needed. Based on this it is not medically necessary.