

Case Number:	CM15-0054105		
Date Assigned:	05/01/2015	Date of Injury:	10/24/2008
Decision Date:	06/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 is a 63-year-old female, who sustained an industrial injury on October 24, 2008. She reported neck, bilateral knee, bilateral shoulder, bilateral hands, wrist, and low back pain after trying to avoid falling on a child. The injured worker was diagnosed as having dyspepsia, cervical, thoracic and lumbar spine strain, cervical radicular syndrome, lumbar radiculopathy, status post left and right knee surgeries, bilateral rotator cuff impingement syndrome and bilateral carpal tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, and surgical interventions of bilateral knees, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck, bilateral knee, bilateral shoulder, bilateral hands, wrist, and low back pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 29, 2014, revealed continued pain as noted with associated symptoms. Prilosec and pain management were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Ongoing Pain management: Overturned

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

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

Decision rationale: The claimant sustained a work-related injury in October 2008 and continues to be treated for chronic neck, low back, and bilateral knee, shoulder, hand, and wrist pain. Medications include Naprosyn and she has a history of dyspepsia. When seen, she had an antalgic gait and was using a walker. Medications being prescribed are Tylenol #3, Naprosyn, Flexeril, and Prilosec. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the claimant continues to take Tylenol #3. Ongoing follow-up with pain management should be considered medically necessary.

Prilosec 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p68-71.

Decision rationale: The claimant sustained a work-related injury in October 2008 and continues to be treated for chronic neck, low back, and bilateral knee, shoulder, hand, and wrist pain. Medications include Naprosyn and she has a history of dyspepsia. When seen, she had an antalgic gait and was using a walker. Medications being prescribed are Tylenol #3, Naprosyn, Flexeril, and Prilosec. Guidelines recommend consideration of a proton pump inhibitor such as omeprazole for the treatment of dyspepsia secondary to NSAID therapy. Additionally, the claimant is nearly 65 years old and would be considered at an elevated risk for a gastrointestinal event. In this case, the claimant continues to take Naprosyn at the recommended dose and has a history of gastrointestinal upset. Therefore, the requested Prilosec was medically necessary.