

Case Number:	CM15-0056956		
Date Assigned:	04/01/2015	Date of Injury:	01/18/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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: Emergency Medicine

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 62 year old female, who sustained an industrial injury, January 14, 2014. The injured worker previously received the following treatments physical therapy Ibuprofen, Etodolac Oral, Orphenadrine, Omeprazole, and x-rays of the cervical spine, Lidoderm Patches, Vicodin, Prilosec and EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with sprain/strain lumbar spine, neck pain, sprain/strain cervical spine, displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, strain/sprain both shoulders, bilateral shoulder impingement syndrome, sprain/strain of the knee and contusion to the left knee. According to progress note of January 31, 2015, the injured workers chief complaint was right posterior knee, left anterior leg, right posterior leg, left anterior knee, left cervical, right cervical, right anterior shoulder left anterior shoulder, upper thoracic, mid thoracic, lower thoracic, lumbar and sacral pain. The injured worker rated the pain at 6 best and 8 worse out of 10; 0 being no pain and 10 being the worse pain. The aggravating factors were walking, standing, lifting and climbing. The physical exam noted tenderness of the lumbar paraspinal and decrease range of motion. The cervical spine showed tenderness of the bilateral cervical paraspinal and bilateral upper trapezius. The bilateral shoulders showed scapular dyskinesis with tenderness of the glenohumeral joint, acromion, bicipital groove, deltoid, biceps and supraspinatus bilaterally. The treatment plan included two prescriptions for topical creams and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic pain guidelines, topical analgesics are mostly experimental with poor evidence to support safety or efficacy. This is an incomplete prescription for unspecified creams with unknown active ingredients. Due to lack of supporting documentation and invalid prescription, this request for unspecified topical creams is not medically necessary.

Omeprazole 20 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: There is no documentation provided as to why prilosec was requested. Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. There is no documentation of any dyspepsia, increased GI bleed risk or concurrent use of an NSAID. Pt does not meet any criteria for use of PPI as per MTUS guidelines. Omeprazole is not medically necessary.