

Case Number:	CM15-0081015		
Date Assigned:	05/01/2015	Date of Injury:	07/09/2013
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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 York, West Virginia, Pennsylvania
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 is a 59 year old male, who sustained an industrial injury on 7/9/13. He reported lower back injury. The injured worker was diagnosed as having cervical spine sprain, lumbar sprain with radiculitis and left knee total replacement. Treatment to date has included physical therapy, oral medications and epidural injections. Currently, the injured worker complains of left shoulder pain, neck pain and back pain rated 7-8/10. Physical exam noted antalgic gait and tenderness to palpation over cervical spine, thoracic/lumbar spine and left shoulder. A request for authorization was submitted for Ibuprofen, Omeprazole Menthoderm cream and follow up appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (unspecified dose and qty): Upheld

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.

Decision rationale: Guidelines recommend PPIs for patients taking NSAIDs who are at moderate to high risk for gi complications. In this case, documents provided do not indicate that the patient has gi problems. The request for omeprazole is not medically appropriate and necessary.

Menthoderm cream (unspecified dose and qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

Decision rationale: Guidelines state that topical analgesics are largely experimental. In this case, the patient is on ibuprofen for pain control which is more efficacious than a topical salicylate gel. The request for menthoder cream unspecified dose and frequency is not medically appropriate and necessary.