

Case Number:	CM15-0085463		
Date Assigned:	05/08/2015	Date of Injury:	11/04/2013
Decision Date:	06/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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 is a 25 year old female patient who sustained an industrial injury on 11/04/2013. A follow up visit dated 12/17/2014 reported the treating diagnoses are: cervical myofascial pain syndrome with left-sided muscle hypertrophy and radiating parasthesia's to the left upper extremity and possible myelopathy; lumbosacral back multi-level annual fissures and mild facet hypertrophy, left lower extremity radiculopathy; myofascial pain syndrome; sensory parasthesia's radiating to lower extremities; L4-5 disc height loss, mild posterior disc protrusion and L5-S1 disc space height loss. Medications are: Xanax, Cymbalta, Sonata, Flector Patch, Celebrex, Flexeril, Tramadol, and prednisone. Previous treatment to include: oral analgesia, modified work duty, physical therapy, acupuncture care, cognitive behavioral therapy. Diagnostic testing to include: radiographic image, magnetic resonance imaging, computerized tomography, electric nerve conduction study. She is with subjective complaint of head, neck, and lower back, left hand, left shoulder pains. She also has great difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral training, 12 follow up sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Behavioral Interventions Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: As per MTUS Chronic pain guidelines, behavioral interventions for pain is recommended. However, the number requested exceed guideline recommendation. Guidelines recommend initial 3-4 psychotherapy sessions over 2weeks and up to 10session if there is objective documentation of benefit. The requested number of sessions is not medically necessary.

Omeprazole 20mg, 1 unit twice daily #60: Upheld

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on celebrex which is suppose to decrease risk of dyspepsia. There is no dyspepsia complaints documents. Patient is not high risk for GI bleeding. It is unclear why provider prescribed this medication. Prilosec/Omeprazole is not medically necessary.