

Case Number:	CM15-0086434		
Date Assigned:	05/08/2015	Date of Injury:	09/26/2014
Decision Date:	06/11/2015	UR Denial Date:	04/24/2015
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: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury on 09/26/2014. Current diagnoses include cervical sprain/strain, right shoulder labrum degeneration, myofascial pain, and history of ulcer. Previous treatments included medication management, TENS unit, and acupuncture. Previous diagnostic studies include a MRI of the right upper extremity joint. Initial injuries included right arm pain. Report dated 04/06/2015 noted that the injured worker presented with complaints that included neck and shoulder pain with some numbness in the upper extremity. It was noted that the injured worker is taking Tylenol due to history of ulcer, mild gastric issue no vomiting or change in bowel habits. Pain level was 1 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation. The treatment plan included continue TENS, request for Lidopro cream for pain as needed and trial of omeprazole when taking Tylenol, schedule physical therapy, and recommendation for Thera cane. Disputed treatments include retrospective requests for omeprazole and Lidopro cream. Medications are office dispensed. Review of systems is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Proton Pump Inhibitors.

Decision rationale: Guidelines do not recommend the routine use of Proton Pump Inhibitors without clear medical justification. The treatment narratives state that the patient has been symptom free in relationship to any medications. There is no stated medical rationale to provide the patient with high dose Omeprazole at 40mg (20mg BID) per day when the usual and customary dose is 20mg. per day, while using Tylenol. These are not benign medications with long term use associated with increased fractures, lung infections and biological mineral dysregulation. Under these circumstances, the Omeprazole 20mg #60 is not supported by Guidelines and is not medically necessary.

Retrospective Lidopro cream 121 g #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of topical Lidocaine. Only Lidoderm patches are recommended for topical use for certain chronic pain syndromes. Lidopro cream is not supported by Guidelines due to risks of side effects from variable absorption. There are no unusual circumstances to justify an exception to Guidelines, the retrospective/prospective Lidopro cream 121gm #1 is not medically necessary.