

Case Number:	CM15-0087511		
Date Assigned:	05/11/2015	Date of Injury:	03/18/2008
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: Physical Medicine & Rehabilitation

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 42 year old female who sustained an industrial injury on 3/18/2008. Her diagnoses, and/or impressions, are noted to include: extensive left humerus fracture, including mid-shaft, with radius and ulnar fractures, status-post open reduction internal rotation (3/18/2008), and resulting in secondary left radial nerve palsy and chronic regional pain syndrome; cervical spine sprain/strain with chronic cervical myoligamentous injury; shoulder sprain/strain with post-traumatic left shoulder arthrofibrosis; wrist and hand sprain/strain with right wrist overuse syndrome and probable carpal tunnel syndrome; post-traumatic stress disorder; reactionary industrial-related major depression/anxiety with sleep disorder and sexual dysfunction; and medication-induced gastritis. No recent imaging studies or electrodiagnostic studies are not noted. Her treatments have included surgeries; trigger point injection therapy; a home exercise program; a successful spinal cord stimulator trial (6/20/11) resulting in a 50% reduction in medication; psychiatric evaluation and treatment; and medication management. Progress notes of 3/25/2015 reported increased pain and numbness in her left upper extremity and weakness in her left hand. The objective findings were noted to include noting mild-moderate distress; tenderness along the cervical musculature, trapezius and scapular regions; global weakness and significant disuse atrophy of the left upper extremity, in-coordination of all motor groups, particular loss of wrist and finger extension, finger flexion and grip strength, along with the development of flexion contractures in her left hand; a mild dusky discoloration and decreased temperature of the left upper extremity, as compared to the right; and hypersensitivity,

and/or numbness/tenderness, throughout the left upper extremity/shoulder. The physician's requests for treatments were noted to include Prilosec and Doral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20 mg #60 dispensed on 03/25/15: 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, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Prilosec 20 mg #60 dispensed on 03/25/15 is not medically necessary and appropriate.

Retrospective Doral 15 mg #30 dispensed on 03/25/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Quazepam (Doral) is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Retrospective Doral 15 mg #30 dispensed on 03/25/15 is not medically necessary and appropriate.