MAXIMUS Federal Services

Case Number:	CM14-0136451		
Date Assigned:	09/03/2014	Date of Injury:	07/17/2013
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicne & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39 year old female with an injury date of 07/17/13. Based on progress report dated 11/29/13 by [redacted]., physical examination findings to cervical spine reveal limited range of motion, no palpable step-off, and positive Adson's and Spurling test. Electrodiagnostic Consultation and Report dated 11/12/13 by [redacted]., findings revealed normal EMG, without evidence of active cervical radiculopathy noted in bilateral upper extremities. Review of reports pertain to carpal tunnel syndrome. Only other mention of symptoms to the cervical spine or gastrointestinal discomfort pertaining to request for MRI cervical spine and Prilosec are found on the utilization review denial letter dated 08/01/14 as follows: "[redacted] has submitted a hand written progress report dated 07/08/14, however, most of the report is very illegible. According to this report, the patient complained of constant moderate to severe sharp pain in her neck with radiation to the right and left upper extremities. The pain is rated 7/10 and reports paresthesia and muscle spasms. She indicated the medication was beneficial. She complained of heartburn due to the medications. Currently medications include Naproxen and prilosec. The examination revealed decreased range of motion with pain in the cervical spine. There was positive cervical compression test. Prior treatment included physical therapy, chiropractic , and acupuncture without benefit. An EMG/NCV of bilateral upper extremities on 01/30/14 revealed normal etectrodiagnostlc study with no evidence of right median or ulnar neuropathy and mild carpal tunnel syndrome on the right side.Pertinent Diagnoses 07/08/14: - cervical spine sprain/strain with bilateral upper extremity radiculopathy " [redacted]., is requesting 1. MRI of the cervical spine 2. 30 Prilosec (omeprazole) 20mg. The utilization review determination being challenged is dated 08/01/14. The rationale is: 1. MRI of the cervical spine: no indications of severe neurological deficits such as numbness

and tingling in a specific dermatome 2. Prilosec: patient does not have history of peptic ulcer or gastrointestinal bleeding. Medication has already been dispensed on 07/08/14. [redacted] is the requesting provider, and he provided treatment reports from 09/10/13 - 05/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Patient was diagnosed with radicular cervical spine sprain/strain and complains of heartburn due to medications. the request is for MRI of the cervical spine. Review of the reports do not show that this patient has had an MRI of C-spine yet. ACOEM Guidelines, Chapter 8, page 177,178 Per electrodiagnostic report dated 11/12/13 by [redacted] findings revealed no evidence of active cervical radiculopathy noted in bilateral upper extremities. This patient presents with persistent radicular symptoms. ODG supports an MRI for neurologic signs or symptoms. Radiating pain denotes potential nerve root problem. Therefore the request is medically necessary.

30 Prilosec (omeprazole) 20 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation ODG Guidelines- Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium).

Decision rationale: Patient was diagnosed with radicular cervical spine sprain/strain and complains of heartburn due to medications. The request is for 30 Prilosec (omeprazole) 20mg. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs.MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 07/08/14, treating physician mentions that patient complained of heartburn due to the medications which include Naproxen and prilosec. There is no information regarding history of peptic ulcers, GI bleeding, or perforation.

There is lack of pertinent information to the request to make a decision based on guidelines. The request is not medically necessary.