

Case Number:	CM14-0095194		
Date Assigned:	09/15/2014	Date of Injury:	08/14/2012
Decision Date:	10/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of August 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical epidural steroid injection therapy in November 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 10, 2014, the claims administrator approved a request for Naproxen, partially certified/modified a request for Prilosec, and denied a cervical epidural steroid injection. The claims administrator stated that once-daily dosing of Prilosec would better conform to MTUS parameters but did not state what guidelines it was using to base that partial certification upon. The applicant's attorney subsequently appealed. In a progress note dated November 21, 2013, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue home exercises. Naproxen was apparently renewed. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant had MRI imaging of the cervical spine notable for multilevel disk bulges at C3-C4, C5-C6, and C6-C7. The applicant had diminished sensorium about the left hand, it was noted. In a February 20, 2014 progress note, the applicant reported persistent complaints of neck pain. The applicant was represented and not working, it was acknowledged. It was stated that the applicant had undergone three prior three prior cervical epidural steroid injections and acupuncture, it was stated. The medical-legal evaluator suggested that the applicant was not intent on returning to work. On May 8, 2014, Naproxen, Prilosec, and cervical epidural steroid injection therapy were again endorsed. The applicant was 65 years of age, it was stated. The applicant was again placed off of work. In a July 14, 2014 Request for Authorization Form (RFA), the attending provider stated that the applicant was using Omeprazole for the relief of GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Cervical C4-5 C-6 ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on various forms of medical treatment, including consultations with numerous providers and numerous specialties and medications such as Naproxen. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite three prior cervical epidural steroid injections over the course of the claim. Therefore, the request is not medically necessary.

Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, as is reportedly present here. It is further noted that page 68 of the MTUS Chronic Pain Medical Treatment Guidelines supports prophylactic provision of proton pump inhibitors in applicants using NSAIDs who are greater than 65 years of age. The applicant, in this case, is 65 years of age. Ongoing usage of Omeprazole (Prilosec) is indicated, for all of the stated reasons. Therefore, the request is medically necessary.