

Case Number:	CM14-0216190		
Date Assigned:	01/06/2015	Date of Injury:	10/25/1998
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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 & Rehabn, Pain Management

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 55 year old female who sustained a work related injury October 25, 1998. Past medical history included a diagnosis of GERD. According to the primary care physician's report dated November 13, 2014, the injured worker presented with complaints of continued pain in her neck which radiates into the arms with numbness to hands. On examination there is decreased range of motion of the cervical spine with pain. The Spurling's test is positive. There is slight trapezial and paracervical tenderness. The Tinel sign is positive at the cubital tunnels bilaterally. The elbow flexion tests are negative and the Tinel sign and Phalen's test are positive at the carpal tunnels bilaterally. Diagnoses are documented as left carpal tunnel with extensor tenosynovitis, left ring finger tenosynovitis, trapezial and paracervical strain, s/p C5-C7 discectomy and fusion with persistent cervical complaints, s/p right cubital tunnel release, s/p revision right carpal tunnel release with hypothenar flap, and s/p left carpal tunnel release x 2. Treatment plan included follow-up evaluation of cervical spine, repeat EMG and nerve conduction studies, repeat cervical epidural steroid injection, continue NSAID's and medications. According to utilization review performed December 5, 2014, upper extremity EMG/NCS, follow-up evaluation of cervical spine and retrospective request for Voltaren were certified. Prilosec 20mg qty: 60, was partially certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, NSAID's, GI symptoms, & cardiovascular risk, the injured worker is using an NSAID and has GI symptoms. The use of Prilosec is medically necessary and approved. The usual dosage is 20mg daily and the request is modified to # 30 tabs. The cervical epidural steroid injection (1) is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, the

source of the extremity pain may be due to factors other than cervical spine disease. The medical necessity for the cervical epidural steroid injection cannot be determined until the EMG and NCS studies have been completed. Therefore, the request is non-certified. Of note, the review for Prilosec is retrospective and the review for the cervical epidural steroid injection is prospective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no recent physical examination findings supporting a diagnosis of radiculopathy, no MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy. Additionally, the patient has physical examination findings which may be able to explain the upper extremity complaints apart from cervical radiculopathy. Furthermore, electrodiagnostic studies were recently authorized. As such, the currently requested cervical epidural steroid injection is not medically necessary.

Retro: Prilosec 20mg DOS: 11/13/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 68 and 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Additionally, there is no documentation indicating that the patient has responded to Omeprazole, or a statement indicating why the patient would require more than 20 mg per day. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.

