

Case Number:	CM14-0217432		
Date Assigned:	01/07/2015	Date of Injury:	01/27/2012
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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: Emergency 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 72 year old female who was originally injured on 1/27/2012 while transferring a patient, injuring her back. She was treated with pain medication, physical therapy, acupuncture, epidural steroid injections, and shockwave treatments. The injured worker is also noted to have comorbid disease, including diabetes, hypertension and GI problems. Physician evaluation on 8/28/2014 stated the injured worker continued to have neck, mid/upper back and lower back pain, and was diagnosed with cervical spine discogenic disease with radiculitis, lumbosacral spine discogenic disease with radiculitis. The most current medication list available per the records available for review include omeprazole, levothyroxine, simvastatin, metformin, aspirin, bupropion, oysco, ibuprofen, zolpidem, and lisinopril. Upper GI series performed on 10/23/12 revealed a small hiatal hernia with reflux and slightly prominent gastric folds in the body of the stomach. In the course of treatment, the treating physician requested refill of triamcinolone cream and omeprazole, which was denied by utilization review, and submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Triamcinolon 0.001, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics

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

Decision rationale: Triamcinolone is a steroid that may be available in topical formulation. It may be used for the treatment of the itching, redness, dryness, and inflammation of various skin disorders. The MTUS guidelines do not specifically address the use of topical steroids. The records available for review do not clearly suggest why the injured worker requires long-term treatment with a topical steroid such as triamcinolone. There is a diagnosis of neurodermatitis (industrial), but this is not clearly addressed in the available records. Therefore, the request as written is not medically necessary.

Omeprazole 20mg, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton-pump inhibitor which acts to decrease the acidity of the stomach to treat a variety of stomach ailments, including gastro-esophageal reflux, gastritis, and peptic-ulcer disease. According to the MTUS guidelines, criteria for proton-pump inhibitor use is considered if at high risk for gastrointestinal events, defined as:(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker meets 3 of the 4 criteria. Furthermore, the records provided for review clearly demonstrate chronic upper abdominal pain and evidence for gastro-esophageal reflux. Therefore, the MTUS guidelines support use of a proton-pump inhibitor for the injured worker, and it is therefore medically necessary. Conversely, the injured worker is also at risk for cardiovascular disease due to other comorbid conditions. A non-pharmacological choice should be the first option in patients with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short- term needs. An opioid also remains a short-term alternative for analgesia. If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a PPI. The treating physician may consider limiting duration of non-steroidal anti-inflammatory drugs as a part of chronic pain treatment for this injured worker.