

Case Number:	CM14-0032653		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2009
Decision Date:	01/27/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 Medicine and Rehabilitation and is licensed to practice in Arizona. 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 injured worker is a 35-year-old male who reported an injury on 05/02/2009. The mechanism of injury was not provided. He was diagnosed with left shoulder impingement syndrome. His past treatments were noted to include physical therapy, medications and epidural steroid injections. On 05/05/2014, the injured worker reported shoulder pain rated 5/10 on a pain scale. Upon physical examination, his upper extremity strength was noted to be 5/5 and upper extremity deep tendon reflexes of 2+/4. His current medications were not provided. The treatment plan was noted to include MRI request, physical therapy and right wrist support. The request was received for Theramine, per report dated 1/20/14 Qty: 60 and omeprazole 20 mg, BID per report dated 1/20/14 Qty: 60; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theramine, per report dated 1/20/14 Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment, Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Theramine.

Decision rationale: The request is for Theramine QTY: 60. The injured worker was noted to be on the medication since at least June of 2013. The Official Disability Guidelines (ODG) does not recommend for the treatment of chronic pain; therefore, the request is not supported by the guidelines. As such, this request is not medically necessary.

Omeprazole 20 mg, BID per report dated 1/20/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: The request is for omeprazole 20 mg, BID QTY: 60 are not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for gastrointestinal (GI) events if they are over the age of 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA corticosteroids, and/or anticoagulants; or are on high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). A nonselective NSAID is recommended for patients with no risk factor and no cardiovascular disease. The injured worker was noted to be on the medication since at least June of 2013, which surpasses the recommended short course treatment. The documentation submitted for review lacks evidence that the injured worker is at risk for a gastrointestinal event, over the age of 65 years, history of peptic ulcer, GI bleeding or perforation and concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAIDS. Additionally, there was no indication that the injured worker is a risk factor and does not have cardiovascular disease, therefore, a nonselective NSAID would be recommended. In the absence of this documentation, the request is not supported by the guidelines. As such, this request is not medically necessary.