

Case Number:	CM15-0100751		
Date Assigned:	06/05/2015	Date of Injury:	11/18/2010
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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 & Rehabilitation, 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 (IW) is a 46-year-old female who sustained an industrial injury on 11/18/2010. She reported multiple issues. The injured worker was diagnosed as having cervical radiculopathy/brachial neuritis and controlled substance habituation/tolerance, iatrogenic, chronic pain and depression. Treatment to date has included pain management. Medications include Duragesic patch, gabapentin, Norco, Prevacid, and Voltaren gel. On the 03/05/2015 visit, the injured worker complains of neck pain. A Beck depression Inventory gave a total pain severity score of 17.5/20, Total Activity limitation score: 8.3/10, Total pain impairment attributed to mood state score: 9/4/10. She is rated on the Opioid Risk Evaluation and Mitigation Strategy scoring at a low risk (0-3) for opioid abuse. Treatment plans include request for Cervical Trigger Point Injection. Fentanyl 25mcg #10 Patches; Norco 10/325mg #60; Omeprazole DR 20mg #30 and Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination with a twitch response as well as referred pain upon palpation. Within the documentation available for review, there are no physical examination findings consistent with trigger points as outlined above despite failed conservative treatment for 3 months. In the absence of such documentation, the requested trigger point injections are not medically necessary.

Omeprazole DR 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.