

Case Number:	CM15-0010715		
Date Assigned:	01/28/2015	Date of Injury:	04/18/2002
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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

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 51 year old female with an industrial injury dated 04/10/2003. The mechanism of injury is not documented. She presented for follow up on 11/14/2014 with complaints of constant pain in cervical spine with radiation into the upper extremities. She also complained of associated headaches. She rated her pain as 8 on a scale of 1-10. Other complaints were constant pain in bilateral shoulders that was rated 7 on a scale of 1-10. Physical exam of the cervical spine revealed muscle tenderness with spasm. Axial loading compression and Spurling's maneuver were positive. Motion was limited with pain. Shoulder exam revealed tenderness around the anterior glenohumeral region and subacromial space. Hawkins and impingement signs were positive. Prior treatments included medication. Diagnoses includes status post cervical 5-6 anterior cervical discectomy and fusion with junctional level pathology, residual right upper extremity paresthesia's, left shoulder impingement syndrome and electro diagnostic evidence of mild bilateral carpal tunnel syndrome. On 12/26/2014 the request for Omeprazole 20 mg # 120 and Nalfon 400 mg # 120 was denied by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 04/18/02 and presents with headaches and cervical spine pain with radiation to the upper extremities. The request is for NALFON 400 MG #120. The RFA is dated 12/16/14 and the patients work status is unknown. None of the reports provided mention Nalfon. There is no indication of when the patient began taking this medication or how it impacted the patient's pain and function. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, A record of pain and function with the medication should be recorded, and medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from the use of Nalfon. None of the reports discussed medication efficacy and it unknown when the patient began taking Nalfon. There is insufficient documentation provided to make a decision based on guidelines. The requested Nalfon IS NOT medically necessary.

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The patient was injured on 04/18/02 and presents with headaches and cervical spine pain with radiation to the upper extremities. The request is for OMEPRAZOLE 20 MG #120. The RFA is dated 12/16/14 and the patients work status is unknown. The patient has been taking this medication as early as 05/15/13. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The most recent report provided on 11/14/14 does not provide a list of medications. The 05/15/13 report states that the patient is currently taking Naproxen, Cyclobenzaprine Hydrochloride, Sumatriptan Succinate Tablets, Ondansetron ODT, Omeprazole, and Tramadol Hydrochloride. The 05/15/13 report states that the patient notes compliance with the medications provided to her in the past but complains of an upset stomach with the use of Naproxen. She explains she continues to utilize the Naproxen as it offers her temporary pain relief allowing her to perform her activities of daily living. However, this report is from over a year ago and It is unclear if this patient continues to have these symptoms. The most recent report provided does not indicate if the patient has dyspepsia or GI issues. Routine

prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of recent discussion as to this medications efficacy and lack of rationale for its use, the requested Omeprazole IS NOT medically necessary.