

<b>Case Number:</b>	CM15-0142962		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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 45 year old female who sustained an industrial injury on 10-01-2010. Initial injuries included numbness and tingling in the right hand. Previous treatments included medications, biofeedback sessions, ganglion blocks, occupational therapy, chiropractic care, TENS unit, massage, and physical therapy. Report dated 06-05-2015 noted that the injured worker presented for follow up of her complex regional pain syndrome of the right upper extremity and prescription refilling. Pain is located in the right upper extremity. Pain level was not included. Physical examination was positive for generalized allodynia and hyperesthesia in the right hand and forearm. Current diagnosis includes complex regional pain syndrome-right upper extremity. The treatment plan included refilling prescriptions; follow up in 2 months, request for psychological counseling, and 12 sessions of biobehavioral intervention. Disputed treatments include Prilosec and cognitive behavioral therapy sessions (12).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on any NSAIDS. There is no dyspepsia complaints. There is a submitted self-filled form by the patient describing medical necessity of prilosec. In it the patient claims to have benefit and that, there is complaint of heart burn. However, there it is unclear how claimed symptoms relate to injury since patient it not on an NSAID. Patient is not high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.

**12 cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** As per MTUS Chronic pain guidelines, behavioral interventions such as cognitive behavioral therapy may be beneficial in aiding patient gain coping skills to deal with chronic pain. However, guidelines recommend an initial trial of 4 sessions before any additional sessions is recommended. The requested number of sessions exceed guideline recommendations. Request for CBT sessions is not medically necessary.