

Case Number:	CM15-0172475		
Date Assigned:	09/14/2015	Date of Injury:	08/01/2009
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on 8-1-09. Diagnoses are noted as discogenic cervical condition with disc disease from C3-C7, facet loading to the left of midline is positive, impingement syndrome of shoulder-right with rotator cuff tear, status post decompression, rotator cuff repair, labral repair and modified Mumford procedure, rotator cuff strain-left with bursitis, tendinopathy, epicondylitis medially right and left, mild element carpal tunnel syndrome with mild ulnar neuritis, mid back sprain with facet inflammation and spasms, discogenic lumbar condition with MRI showing facet hypertrophy at L4-L5, foraminal narrowing at that level, degenerative disc disease L3-L4, loss of lordosis, and chronic pain syndrome. Previous treatment includes nerve studies upper extremities, elbow pads, urine drug screens, Naproxen, Ultracet, Trazadone, Effexor XR, Neurontin, Lidopro Cream, trigger point injections, and surgery. In a follow up visit note dated 4-29-15, the physician reports the injured worker "is getting progressively worse." Numbness and tingling in upper extremities is getting worse, especially on the right side. An element of depression, anxiety and shaking is because of all the internal stress is reported. She notes the left shoulder is getting worse and the right side is getting worse. She cannot lie because of mid back spasms and low back spasms. She started Wellbutrin. She is not doing chores around the house and she last worked in June 2010. Objective findings reveal tenderness along the cervical and lumbar paraspinal muscles bilaterally and pain on both shoulders, rotator cuff, and bicep tendon. She has limited range of motion secondary to pain. The requested treatment of referral to pain management and AcipHex 20mg, quantity of 20 was denied on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant was already seeing an orthopedic surgeon. The claimant had surgeries and received pain medications. There was no indication about what pain management can offer beyond the orthopedic surgeon. The request of a pain management consultation was not medically necessary.

AcipHex 20 mg QTY: 20 mg: 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: According to the MTUS guidelines, Aciphex is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was on Protonix - another PPI in the past for "the stomach." Therefore, the continued use of Aciphex is not medically necessary.