MAXIMUS Federal Services

Case Number:	CM15-0062013		
Date Assigned:	04/07/2015	Date of Injury:	07/06/2012
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: California, Hawaii
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 33 year old female injured worker suffered an industrial injury on 07/06/2012. The diagnoses included left carpal tunnel release 1/29/2014 , cervical sprain/strain, cervicalgia, left brachial neuralgia, left and right carpal tunnel syndrome and left ulnar neuropathy. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with medications and surgery. On 3/3/2015, the treating provider reported cervical spine pain 8/10, left shoulder pain 7 to 8/10 with numbness and tingling radiating down to the left hand and continues to complain of left upper extremity weakness with dropping of objects. The treatment plan included Omeprazole and pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: 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), Pain (Chronic).

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

Decision rationale: The patient presents with pain affecting the cervical spine, and left shoulder with radiation down the left upper extremity. The current request is for Omeprazole 20mg #30 with 2 refills. The treating physician report dated 3/3/15 (189B) states, "The patient is no longer receiving medications from her primary or family doctor. These were medications we were prescribing for the patient prior to that switch." The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: "1. Age is more than 65 years; 2. History of peptic ulcers, GI bleeding, or perforations; 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant; 4. High-dose multiple NSAIDs." There is no documentation that the patient has a history of peptic ulcers, GI bleeding, or perforations. The patient is 33 years old and there is no evidence provided that shows the he is currently taking any corticosteroids or anticoagulants. In this case, the patient is currently taking an NSAID in the form of Celebrex but there is limited evidence in the medical reports provided that the patient is at risk for gastrointestinal events. Furthermore, 2 refills without any documentation of functional improvement from the prior use of Omeprazole is not supported. The request is not medically necessary and the recommendation is for denial.

One pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) page 127.

Decision rationale: The patient presents with pain affecting the cervical spine, left shoulder with radiation down the left upper extremity. The current request is for One pain management consult. The treating physician report dated 3/3/15 (189B) states, "I am requesting authorization for the patient's next visit." The patient is no longer receiving medications from her primary or family doctor. Since the patient is now considered to be permanent and stationary, we will see her back here for follow-up in three months." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient presents with pain affecting the cervical spine and is in need of a pain management consultation in order to properly treat his chronic symptoms. Furthermore, the treating physician is requesting a pain management consult because the patient is no longer receiving his medications from his primary doctor and needs to re-assess the patient's current medication regime. The current request is medically necessary and the recommendation is for authorization.