MAXIMUS Federal Services

Case Number:	CM15-0070175		
Date Assigned:	04/17/2015	Date of Injury:	01/16/2012
Decision Date:	05/18/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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 37 year old female with an industrial injury dated 01/16/2012. Her diagnosis includes cervical sprain/strain, right shoulder sprain/strain; rule out internal derangement and right shoulder tendinosis and gastritis, medication induced. Prior treatment includes medications. She presents on 02/27/2015 with neck pain which had increased from 4 to 7/10 radiating to the right shoulder. The injured worker had run out of her medications and had not had a chance to come back to the clinic for a refill. Her pain had been well controlled on her medications but she had not had any of the prescriptions for over a month. Physical exam revealed tenderness in the cervical spine with decreased range of motion of the neck. The treatment plan included pain medication and a medication to protect the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. Pt had reported exacerbation of pain after missing clinic appointment and not getting pain medications for 1month. However, even review of prior records prior to discontinuation of medications show no improvement in pain or improvement in function. There is no documentation of abuse screening/monitoring or screening for side effects. Norco is not medically necessary.

Omeprazole 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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 oral NSAIDs except for topical voltaren. There is noted dyspepsia complaints. Patient is not high risk for GI bleeding. Patient is not on NSAID therapy therefore dyspepsia cannot be associated with current medication regiment. MTUS guidelines do not recommend PPIs in this situation. Prilosec/Omeprazole is not medically necessary.