

Case Number:	CM15-0099236		
Date Assigned:	06/01/2015	Date of Injury:	03/19/2007
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 64-year-old male who sustained an industrial injury on March 19, 2007. He has reported injury to bilateral arms and has been diagnosed with cervical foraminal stenosis C3-4, C4-5, and C5-6 and myelopathy status post fusion, discectomy/internal fixation, radiculopathy C5, C6, C7, and C8 bilateral right greater than left weakness P/O right, lupus, and carpal/ Guyon tunnel syndrome. Treatment has included medical imaging, surgery, medications, and a spinal implant. The left shoulder noted passive FROM painfully tender over the posterolateral subacromial region with Neer signs positive very painful at the time. CMC right minimally tender with negative right Finklestein's and tenderness with mild extensor right atrophy. Right shoulder had no more than 80-85 degrees of forward flexion abduction active with 4-/5 strength at extremes with 3+/5 ER actively painful with movement. There was a left carpal scar healing well without infection and normal range of motion and digits. The treatment request included Prilosec and a psychology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist/Psychologist Consultation and possible treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Behavioral intervention Page(s): 100-101, 23. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Multi-disciplinary pain programs ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 03/19/07 and presents with shoulder pain. The request is for Psychiatrist/Psychologist Consultation and possible treatment. The RFA is dated 05/06/15 and the patient is disabled. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. MTUS page 23 states regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. " For number of sessions, ODG guidelines Pain Chapter recommends initial trial of 3-4 psychotherapy visits, and with objective functional improvement, up to 10 sessions. ACOEM page 127 states, "Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". Labor Code 9792. 6 under utilization review definition states, "Utilization review does not include determinations of the work relatedness of injury or disease". The reason for the request is not provided. In this case, the treater is requesting for both a consultation and possible treatment with a psychiatrist/psychologist. In this case, the patient is diagnosed with depression. A consultation appears reasonable as well as a course of treatment. However, the request does not specify duration and number of sessions. ODG supports trying 3-4 sessions to start. As this request is without time-limitation the request is not medically necessary.

Prilosec 20mg, #60: Upheld

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

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

Decision rationale: The patient was injured on 03/19/07 and presents with shoulder pain. The request is for Prilosec 20 mg #60. The RFA is dated 05/06/15 and the patient is disabled. He has been taking this medication as early as 11/07/14. MTUS Guidelines page 60 and 69 state 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 risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI". The reason for the request is not provided. The patient is diagnosed with cervical foraminal stenosis C3-4, C4-5, and C5-6 and myelopathy status post fusion, discectomy/internal fixation, radiculopathy C5, C6, C7, and C8 bilateral right greater than left weakness P/O right, lupus, carpal/ Guyon tunnel syndrome, and depression. The patient is currently taking Zanaflex, Vicodin, Norco, Lyrica, and Lunesta. In

this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document 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 rationale for its use, the request for Prilosec is not medically necessary.