

Case Number:	CM14-0173439		
Date Assigned:	10/24/2014	Date of Injury:	01/27/2012
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 72-year-old woman with a date of injury of January 27, 2012. The mechanism and sustained injuries were not documented in the medical record. Pursuant to the progress note dated June 20, 2014, the subjective relevant complains including, but not limited to: Cervical spine pain, lumbar spine pain, and bilateral shoulder pain. Physical examination revealed some improvement in her skin condition with the steroid cream that was prescribed. Additional information regarding the injured worker's skin condition was not documented in the medical record. The injured worker's neck was overall supple with no evidence of lymphadenopathy, thyromegaly or bruits. The abdomen is mildly globular and non-tender without organomegaly. There was not a musculoskeletal examination documented. Documented industrial diagnoses include: Musculoligamentous sprain/strain cervical spine; musculoligamentous sprain/strain lumbar spine; cervical disc protrusions (3); lumbar disc protrusions (4); status post epidural steroid injections, two cervical and 3 lumbar spine; deconditioning/reduced exercise tolerance, and gastritis/GERD secondary to NSAID medication; IBS manifested by diarrhea; HTN accelerated by work injury; diabetes mellitus, accelerated by work injury; cephalgia; sleep disorder; stress disorder, and neurodermatitis. Current medications include: omeprazole 20mg, Levothyroxine 50mcg, Simvastatin 40mg, Metformin 500mg, ASA 81mg, Bupropion 100mg, Oysco 500mg, Ibuprofen 800mg, Zolpidem 10mg, Lisinopril 40mg, and Triamcinolone cream 0.1% Treamnet plan recommendations include: Continue current medications, and follow-up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20mg (DOS 7/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Effects and Cardiovascular Risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAID and GI effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines retrospective requests for Omeprazole 20 mg (date of service July 28, 2014) is not medically necessary. The guidelines indicate Omeprazole (a proton pump inhibitor) is indicated when taken with nonsteroidal anti-inflammatory's if age is greater than 65; there is a history of peptic ulcer disease; G.I. bleeding or perforation, concurrent use of aspirin, steroids and/or anticoagulants; or high-dose multiple nonsteroidal anti-inflammatory drug. Patients with no risk factors and no cardiovascular disease can take nonsteroidal anti-inflammatory without the use of proton pump inhibitors. If documentation reflects intermediate risk or high risk, proton pump inhibitors may be necessary. In this case, the injured worker takes ibuprofen 800 mg PO b.i.d. in a progress note dated June 20, 2014. However, there was no significant past medical history indicating G.I. bleeding, peptic, concurrent use of aspirin or multiple nonsteroidal anti-inflammatory drugs and the documentation does not indicate risk. Consequently, Omeprazole is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg (date of service July 28, 2014) is not medically necessary.

Retrospective request for Triamcinolon 0.001gm (DOS 7/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Pain-Topical analgesics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601124.html>

Decision rationale: Pursuant to MedlinePlus, topical triamcinolone 0.001 g (date of service July 28, 2014) is not medically necessary. MEDLINEplus states triamcinolone topical is used to treat itching, redness, dryness, inflammation and discomfort of various skin conditions. See attached link for details. In this case, there is no documentation indicating triamcinolone topical is indicated. There were no skin conditions areas of redness or dryness or itching noted. The treating physician states the injured worker had neurodermatitis but did not state where or how severe the dermatitis was. He did note there was improvement with the cream. Consequently triamcinolone 0.001 g is not medically necessary. Additionally, there were no instructions or location for the application of triamcinolone topical. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, triamcinolone 0.001 g (that of service July 28, 2014) is not medically necessary.

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