

Case Number:	CM13-0014377		
Date Assigned:	10/03/2013	Date of Injury:	12/15/2004
Decision Date:	01/13/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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.

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 patient is a 66-year-old male who reported an injury on 12/15/2004. The patient is currently diagnosed with chronic pain disorder, major depression, and psychotic affect disorder. The patient was seen by [REDACTED] on 09/12/2013. Physical examination was not provided. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg three to four (3 to 4) times per day as needed: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The medical records provided for review indicate that the patient has been continuously utilizing this medication. There is no indication that this patient is at intermediate or high risk for gastrointestinal events. The medically necessary for the ongoing use of this medication has not

been established. The request for omeprazole 20mg three to four (3 to 4) times per day as needed is not medically necessary and appropriate.

Sertraline 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The Chronic Pain Guidelines indicate that anti-depressants are recommended as first-line options for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The medical records provided for review indicate the patient does maintain a diagnosis of major depression. The patient has been continuously utilizing this medication, and on several occasions, reports improvement with depressive symptoms without side effects. It was also documented on 09/12/2013 by [REDACTED], the patient's mood, irritability, and lability has improved with the medications. The patient is able to get along well with others, anxiety is diminished, and sleep quality has improved. The medical necessity for the ongoing use of this medication has been established. The request for Sertraline 50 mg is medically necessary and appropriate

Medrox topical pain cream two to four (2 to 4) times per day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended as a whole. Medrox patches contain menthol, capsaicin, and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications include patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain. The medical records provided for review do not indicate that this patient has failed a trial of oral antidepressants and anticonvulsants prior to the initiation of a topical analgesic. The patient does not maintain a diagnosis of osteoarthritis or fibromyalgia. Medrox topical medication was not listed on the patient's current medication regimen or treatment plan on either follow-up note dated 08/30/2013 or 09/12/2013. Despite the previous ongoing use of this medication, satisfactory response to treatment had not been

indicated. The request for Medrox topical pain cream two to four (2 to 4) times per day as needed is not medically necessary and appropriate.