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| Case Number: | CM13-0017450 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 08/04/2005 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/19/2013 |

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 Occupational 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 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. 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 applicant has filed a claim for chronic low back pain, chronic pain syndrome, numbness, tingling, paresthesias, anxiety, depression, panic disorder, hypertension reportedly associated with an industrial injury of August 2005. In a July 27, 2013 psychological note, it is stated that the applicant is using Morphine, Vicodin, testosterone, Celexa and Xanax, back stimulator, and a massager. Multiple other mental health counseling notes interspersed throughout 2013 are reviewed. The applicant does report ongoing issues with depression and psychological stress. A progress note of September 24, 2013 is notable for comments that the applicant states that medications help with activities of daily living and denies any side effects. The activities of daily living that they reportedly help with are not detailed. The applicant is given numerous medication refills, including ketoprofen, Prilosec, tramadol, and Menthoderm while remaining off of work, on total temporary disability. The applicant underwent myofascial release therapy on December 11, 2013, it is further noted. The applicant was again described as having a flare-up of medications and reporting severe pain on November 19, 2013, at which point, he was placed off of work, on total temporary. He is continuing to see a psychologist and use a spinal cord stimulator. One of the diagnoses listed is low testosterone; however, it does not appear that laboratory testing which established the low testosterone level was provided. On July 24, 2013, it was noted that the applicant had a flare up of chronic pain, severe, 10/10. He was given a Toradol injection in the clinic as well as numerous medications refills. He is asked to continue acupuncture, obtain a hip replacement, continue TENS unit. The applicant was asked to stay off of work until August 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 dispensed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID induced dyspepsia. In this case, however, there was no specific mention of dyspepsia, either NSAID-induced or stand-alone, on any recent progress notes provided. Rather it was stated that the applicant had specifically denied any side effects with medications, including the oral ketoprofen that he was taking. It was, furthermore, noted on an April 29, 2013, note that the applicant stated that the Nexium was helpful. He was switched from omeprazole to Nexium as it reportedly generated better results. Thus, it appears that decision has been made to take the applicant off of the medication in question at an earlier point in time owing to medication inefficacy. Therefore, the request is not certified.

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix was not indicated. Therefore, the request is not certified.