

Case Number:	CM13-0022686		
Date Assigned:	11/13/2013	Date of Injury:	02/28/2008
Decision Date:	02/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pain Management 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 patient is a thirty-six-year-old man who was injured on 2/28/2008. He was struck by a four-ton block and pinned. He was hospitalized with multiple fractures and underwent multiple procedures including a fasciotomy. Later he was diagnosed with obstructive sleep apnea. He received a home CPAP device and underwent a home sleep study. The patient's problems are prominently concerned with the psychological aspects of his injuries and responses to them. Diagnoses include: generalized anxiety disorder, major depressive disorder, mild, single episode, cognitive disorder, NOS, due to head trauma, pain disorder associated with both psychological factors and a medical condition, traumatic brain injury, pelvic and lower extremity injuries by medical history, problems related to psychiatric symptoms, social, vocational, and medical/legal involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2012

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: Nexium is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. According to the medical records provided for review, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. There was a prior authorization for Omeprazole which was certified and therefore in any case renders this prescription redundant. Taking into consideration the above discussion, the request for 30 Nexium 40mg is not medically necessary and appropriate.

Sertraline HCL 50mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 403-404, Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Psychiatric Times March 1, 1999. Maintaining Medicine for Chronic Depression

Decision rationale: The ACOEM guidelines indicate that the ultimate goal of therapy is to preserve the patient's function at work and in social relationships. The MTUS Chronic Pain Guidelines indicate psychological intervention including medication for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, etc.). The submitted and reviewed medical records indicate diagnoses of depressive disorder and generalized anxiety disorder. In this case, psychological intervention has been necessary to the treatment of psychological illness independently related to the work injury as well as connected to the response to physical injury. Response to medication is listed in the documentation provided for review making it clear that the patient will need continuing therapy for diagnosed depression and other illnesses. Therefore the request for Zoloft (Sertraline) 50mg is appropriate and medically necessary.