

Case Number:	CM13-0024664		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2002
Decision Date:	03/25/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Practice 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 57-year-old male who reported an injury on 04/22/2002 secondary to repetitive lifting. The patient is currently diagnosed with bilateral shoulder pain, left shoulder pain, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. The patient was seen by [REDACTED] on 08/06/2013. The patient reported constant 8/10 pain. The patient also reported insomnia, depression, and anxiety. The patient's physical examination revealed decreased range of motion and tenderness to palpation. Treatment recommendations included continuation of current medication including Norco, Paxil, gabapentin, Acetadryl, Docuprene, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16,107.

Decision rationale: California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary

depression. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report symptoms of depression, anxiety, and insomnia. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

Docuprene 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment includes increasing physical activity, maintaining appropriate hydration, and following a proper diet. As per the documentation submitted, the patient has continuously utilized this medication. However, there is no documentation of chronic constipation or gastrointestinal complaints. There is also no evidence of failure to respond to first-line therapy. Based on the clinical information received, the request is non-certified

prospective request for Acetadryl 25/500mg #50 and the Acetadryl dispensed on 8/6/13: 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), Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment.. Decision based on Non-MTUS Citation ODG

Decision rationale: California MTUS Guidelines state insomnia treatment is recommended based on etiology. Sedating antihistamines have been suggested for sleep aid. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent insomnia. There is no documentation of failure to respond to non-pharmacologic treatment. Based on the clinical information received, the request is non-certified.

Prilosec 20mg #60: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state 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. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no documentation of gastrointestinal complaints. Based on the clinical information received, the request is non-certified.