MAXIMUS Federal Services

Case Number:	CM13-0028604		
Date Assigned:	11/27/2013	Date of Injury:	02/25/2002
Decision Date:	02/05/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 cardiology and is licensed to practice in Texas. 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 was a 58 year old male with a history of low back pain, depression and anxiety. The patient was seen on 08/27/2013. The patient's depression and anxiety were not addressed during the exam. The patient was taking NSAIDs, PPI and Norco for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation the Official DisabilityGuidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The request for 1 Prescription of Escitalopram 10mg between 8/27/2013 and 10/28/2013 is non-certified. The patient's examination submitted for review did not address the patient's depression nor the use of the medication requested. Since the patient had chronic pain it cannot be ruled out that the medication is being prescribed for chronic low back pain. Furthermore, there are no objective findings of depression submitted for review. The guidelines do not recommend Lexapro as a treatment for chronic pain, but SSRIs may have a role in treating

secondary depression. Given the information submitted for review the request for 1 Prescription of Escitalopram 10mg between 8/27/2013 and 10/28/2013 is non-certified

Protonix 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, gastrointestinal symptoms and cardiovascular risk. Decision based on Non-MTUS Citation the official Disability Guidelines, Pain (Chronic), Proton pump inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and SSRIs Page(s): 68 and 69.

Decision rationale: The request for 1 Prescription of Protonix 40mg #60 between 8/27/2013 and 10/28/2013 is non-certified. The patient was documented as taking Anaprox . The guidelines state the concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. However, the patient request for SSRI was non-certified. Furthermore, the guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal event. The patient had no objective findings of risk for gastrointestinal events submitted for review. Given the information submitted for review the request for 1 Prescription of Protonix 40mg #60 between 8/27/2013 and 10/28/2013 is non-certified