

Case Number:	CM13-0034463		
Date Assigned:	12/06/2013	Date of Injury:	10/03/2011
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, 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 expert 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 injured worker is a 43 year-old female injured on October 3, 2011. The mechanism of injury was noted as multiple stress related incidents leading to major depression and anxiety. Recent progress note, dated September 10, 2014, indicated that there were ongoing complaints of numbness, feeling terrified and fear of dying. Physical examination demonstrated fatigue and dysphoria. Depression and anxiety were documented. Diagnostic imaging studies including EMG revealed moderate right carpal tunnel. Abdominal ultrasound revealed mild fatty infiltration of the liver. Echocardiogram and holter monitoring were multiple intensive studies. Previous treatment included psychotherapy and multiple psychotropic medications. A request had been made for omeprazole 20 mg #30, ketoprofen 75 mg #60 and cyclobenzaprine 10 mg #30 and was not certified in the pre-authorization process on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS 9/9/2013: OMEPRAZOLE 20MG, #30: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: Omeprazole is used in treatment of gastroesophageal reflux disease and in conjunction with nonsteroidal anti-inflammatory agents. There was insufficient evidence provided in these records to mandate the requirement of this medication. Further, there was no diagnosis presented or subjective complaints offered that would indicate the need for this type of medication. Thus, based on the clinical information presented, there is no medical necessity established for this preparation.

RETROSPECTIVE DOS 9/9/2013: KETOPROFEN 75MG, #30: 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 : 8 C.C.R. 9792.20-9792.26 (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. However, the diagnoses offered are psychiatric and a compressive peripheral nerve entrapment. Neither would require anti-inflammatory medications. Further when noting the mechanism of injury, the date of injury and the current physical examination reported, there was no objective data presented to suggest the need for this medications. As such, the need of this medication has not been established in the medical records presented for review and it is not medically necessary. All documentation presented are psychological evaluations.

RETROSPECTIVE DOS 9/9/2013: CYCLOBENZAPRINE HCL 10MG, #30: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: Cyclobenzaprine is recommended for short term use in management of pain associated with muscle spasm. As noted in the Chronic Pain Medical Treatment Guidelines, the implementation of this is for short term use only. There was no indication for chronic or indefinite use, particularly with the noted possible side effects related to depression. Given the clinical presentation of depression and anxiety, further documentation is needed to support this request. For this reason, this is not medically necessary.