

Case Number:	CM13-0036672		
Date Assigned:	12/13/2013	Date of Injury:	07/13/2009
Decision Date:	06/16/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 applicant has filed a claim for chronic pain syndrome, chronic elbow pain, chronic forearm pain, carpal tunnel syndrome, cubital tunnel syndrome, depression, and anxiety reportedly associated with an industrial injury of July 13, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; bilateral carpal tunnel release surgeries with subsequent bilateral revisions; cubital tunnel release surgeries; and extensive periods of time off of work. In a Utilization Review Report dated October 23, 2013, the claims administrator approved request for Relafen, partially certified request for Protonix, partially certified request for Prozac, and partially certified request for Seroquel. Despite the fact that the MTUS addresses several of the topics at hand, the claims administrator cited non-MTUS Official Disability Guidelines (ODG) on Seroquel and Protonix. The claims administrator partially certified Protonix on the grounds that the attending provider had not furnished adequate information on the nature and extent of the applicant's gastrointestinal complaints. The applicant's attorney subsequently appealed. An October 8, 2012 progress note was notable for comments that the applicant was off of work at that point in time following recent revision right carpal tunnel release surgery. The applicant was using Norco, Ambien, Relafen, Prilosec, Neurontin, hydrochlorothiazide, and Tenormin at that point in time. Physical therapy was endorsed. In a psychology evaluation of September 9, 2013, the applicant was given diagnoses of major depressive disorder, recurrent, generalized anxiety disorder, and pain disorder with medical and psychological factors resulting in a Global Assessment of Functioning of 40. On July 13, 2013, the applicant reportedly had a Global Assessment of Functioning (GAF) of 55, it was suggested. On December 12, 2013, the applicant was described as having chronic bilateral upper extremity pain, upper extremity paresthesias, auditory hallucinations, with hearing voices, and also had suicidal ideation. The applicant was using Seroquel for his hallucinations. The

applicant's pain levels were also highly variable, it was stated. It was stated that the applicant was having significant psychiatric issues, depression, and auditory hallucinations. Seroquel, an antipsychotic, was continued. Prozac was also continued for the applicant's depression. On August 5, 2013, the applicant was again described as having issues with hallucinations and hearing voices. Insomnia and suicidal thoughts were also suggested. There was, however, no mention of reflux, heartburn, or dyspepsia made. On October 7, 2013, the applicant specifically denied any gastrointestinal symptoms, including heartburn, dysphagia, nausea, vomiting, or hematemesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT PANTOPRAZOLE-PROTONIX 20MG #60. URGENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitor (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as Protonix in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, however, the attending provider has not documented any ongoing issues with reflux, heartburn, and/or dyspepsia on any recent progress note. Thus, there is no seeming indication for continuation of Protonix, based on the information on file. Accordingly, the request is not medically necessary.

FLUOXETINE PROZAC 20MG #90.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Selective serotonin reuptake inhibitors (SSRIs) Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, antidepressants often take weeks to exert their maximal effect. In this case, the applicant is having ongoing issues with depression, anxiety, auditory hallucinations, and suicidal ideation reported on multiple recent progress notes. Continuing Prozac, at a minimum, is indicated and appropriate. Therefore, the request is medically necessary.

URGENT QUETIAPINE FEMARATE SEROQUEL 25MG #60: Overturned

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 and Stress, Quetiapine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: It is noted that the MTUS/ACOEM Guidelines, by definition, a more appropriate selection than the non-MTUS Official Disability Guidelines (ODG) cited by the patient's claims administrator. The claims administrator apparently denied the request for Seroquel using ODG's rationale that psychoses are not typically covered conditions in Workers' Compensation. Regardless of whether the condition is compensable or not, however, it is medically necessary, for all of the stated reasons.