

Case Number:	CM14-0102353		
Date Assigned:	09/16/2014	Date of Injury:	01/23/2012
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty 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 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:

This is a patient with a date of injury of 1/23/12. A utilization review determination dated 7/1/14 recommends non-certification of Anaprox, Lexapro, and Prilosec. 3/21/14 medical report identifies left shoulder and elbow pain. On exam, there was positive impingement and Hawkins' signs with decreased ROM on flexion and abduction less than 100 degrees. Left elbow has tenderness in the lateral epicondyle exacerbated by resisted wrist extension. There were complaints of gastritis pain and the provider notes that they are forced to discontinue Anaprox. A subacromial injection was performed. Patient reported little benefit from Lexapro and this was noted to be changed to Paxil at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Anaprox, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain. Within the documentation available for review, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, it is noted that the medication was causing GI symptoms and the provider noted the need to discontinue the medication for that reason. In light of the above issues, the currently requested Anaprox is not medically necessary.

Lexapro 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants as a first line option for neuropathic pain, and a. Decision based on Non-MTUS Citation Official Disability Guidelines-selective serotonin reuptake inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 107 of 127.

Decision rationale: Regarding the request for Lexapro (escitalopram), Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no clear indication of efficacy of the medication. Rather, the provider noted that it was not providing significant benefit and recommended substituting another antidepressant. In light of the above issues, the currently requested Lexapro is not medically necessary.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is dyspepsia secondary to the use of Anaprox, such that the provider discontinued the medication. As the NSAID was discontinued and there is no documentation of another rationale for continued use of a proton pump inhibitor, there is no clear indication for ongoing use of Prilosec. In light of the above issues, the currently requested Prilosec is not medically necessary.