MAXIMUS Federal Services

Case Number:	CM14-0103754		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2011
Decision Date:	10/03/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 47-year-old gentleman who was reportedly injured on may third 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of neck pain and bilateral knee pain. The neck pain is stated to radiate into the right upper extremity. Current medications include Norco, naproxen, lorazepam, omeprazole, Lexapro and amitriptyline. No significant changes were noted in the physical examination. A previous physical examination dated February 28, 2014, noted tenderness at the right knee without any appreciable swelling there was tenderness over the midthoracic spine and over the cervical spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left knee arthroscopy. A request was made for omeprazole, Lexapro, amitriptyline, lorazepam and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Specific Drug List.

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Omeprazole is not medically necessary.

Lexapro 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Lexapro as an selective serotonin reuptake inhibitor antidepressant which can be used to treat anxiety, depression, and neuropathic pain. The medical record indicates that there are no neuropathic findings on recent physical examinations. As such, this request for Lexapro is not medically necessary.

Amitriptyline 10mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of tricyclic antidepressants in chronic pain management and consider tricyclics a first-line option in the treatment on neuropathic pain. Elavil (Amitriptyline) is a tricyclic antidepressant medication. The medical record indicates that there are no neuropathic findings on recent physical examinations. As such, this request for amitriptyline is not medically necessary.

Lorazepam 0.5mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Ativan (lorazepam) is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy and significant risk of psychological and

physical dependence or addiction. The use of this medication is limited to 4 weeks. Considering that this medication has been prescribed for extended period of time, this request for lorazepam is not medically necessary.