

Case Number:	CM14-0104484		
Date Assigned:	07/30/2014	Date of Injury:	02/15/2009
Decision Date:	10/09/2014	UR Denial Date:	06/30/2014
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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 2/15/2009. Current diagnoses included low back sprain, degenerative disc disease of lumbar spine and knee pain. Current treatments include Baclofen, Lexapro, Lidoderm, Omeprazole, Lyrica, Ibuprofen and Nortriptyline. Prior treatments have included physical therapy, steroid injections, use of TENS device and oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg/cap DR #30, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and the Omeprazole therefore is not medically necessary.

Lexapro 20mg #30, with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

Decision rationale: The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain but the evidence for antidepressant use in non-neuropathic pain is less robust. However, The CA MTUS states that antidepressants are an option in non-neuropathic pain, especially with underlying depression present, the effectiveness may be limited. It has been suggested that the main role of SSRI medications, such as the Lexapro prescribed in this case, is in controlling psychological symptoms associated with chronic pain. The medical records from the claimant contain no diagnosis of depression. Lexapro is not medically necessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs, Ibuprofen Page(s): 71, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Ibuprofen does not meet the criteria of providing lowest dose of NSAID for the shortest time possible and is not medically necessary.