

Case Number:	CM14-0116134		
Date Assigned:	08/04/2014	Date of Injury:	08/22/2009
Decision Date:	09/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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 records presented for review indicate that this 59-year-old female was reportedly injured on August 22, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicates that there are ongoing complaints of depression, anxiety, and pain. Current medications include Norco, Omeprazole, and Zoloft. Pena stated to be 7/10 without medications and 3/10 with medications. The physical examination demonstrated decreased lumbar spine range of motion with pain. Ambulation was observed the slow with the assistance of a cane. Diagnostic imaging studies of the lumbar spine dated January 30, 2013, shows a left-sided disc bulge at L3 - S4 and a broad-based disc herniation at L4 - L5. Previous treatment includes lumbar spine surgery for a decompression at L4 - L5 and home exercise. A request had been made for Zoloft, Norco, and Prilosec and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 25mg #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 Page(s): 13-16; 107.

Decision rationale: Zoloft is an antidepressant used to treat anxiety and depression which the injured employee has been diagnosed with. According to the progress note dated July 23, 2014, the dosage of Zoloft was decreased to 25 mg and then stopped. The injured employee was stated to feel horrible after stopping Zoloft. There was a plan to increase Zoloft back to 100 mg. Considering this, this request for Zoloft 25 mg is not medically necessary.

Retrospective Request for Norco 10/325mg #90: 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 Page(s): 74-78,88,91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Retrospective Request for Prilosec 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 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 G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.