

<b>Case Number:</b>	CM14-0153892		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/14/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 58-year-old female who reported an industrial injury to the neck back and right shoulder on 2/14/2001, over 13 years ago, attributed to the performance of her usual and customary job tasks. The patient received initial conservative care and was then taken to surgery for a C5-C6 C6-C7 cervical spine fusion along with a right shoulder acromioplasty. The patient continues to complain of pain in the neck, back, and right shoulder. The objective findings on examination included weight 358 pounds; height 5'4"; decreased range of motion to the cervical spine with tenderness to palpation to the paravertebral musculature; decreased range of motion to the right shoulder postoperatively; decreased range of motion to the lumbar spine with paravertebral muscle spasm. The treating diagnoses included chronic neck pain; status post cervical spine fusion; chronic back pain; status post right shoulder arthroscopy; migraine headaches; and morbid obesity. The patient was prescribed soma 350 mg #60; omeprazole 20 mg #30; Sumatriptan 25 mg #30 and fluoxetine 40 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Omeprazole 20mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Proton pump inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for the medications prescribed without an NSAID. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be prescribed no NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole/Prilosec 20mg, bid #60. There is no documented functional improvement with the prescribed omeprazole.

**Prescription of Sumatriptan 25mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Head Imitrex (sumatriptan) See Triptans

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

**Decision rationale:** The patient was prescribed Imitrex (Sumatriptan Succinate) 25mg, #30 for migraine headaches that were not demonstrated to be effects of the industrial injury. There is no rationale supported with objective evidence by the requesting physician to support medical necessity for the effects of industrial injury. There was no provided nexus for the diagnosed headaches to the cited mechanism of injury. The use of Imitrex (Sumatriptan Succinate) is for migraine headaches that are vascular headaches. There treatment of migraine headaches with Imitrex (Sumatriptan Succinate) was not supported with objective evidence and not demonstrated to be medically necessary for the treatment of the industrial injury. Migraine headaches are believed to result from dilatation of blood vessels in the brain. Sumatriptan relieves migraines by stimulating serotonin receptors in the brain, which cause the muscles

surrounding the blood vessels in the brain to contract and narrow the blood vessels. At the same time, it also reduces transmission of pain signals by nerves to the brain. While it is very effective in relieving migraine headaches, it does not prevent or reduce the number of headaches. The treating physician has prescribed Sumatriptan for Migraine Headaches. There is no evidence that headaches due to the reported cervical spine/neck pathology are vascular headaches, migraine headaches or migraine-like headaches. Migraine headaches are not accepted as part of this industrial injury. The patient; however, there is no provided nexus supported with objective findings to the cited mechanism of injury or the excepted back and lower extremity. There are no objective findings consistent with migraine headaches. The requesting physician has provided no rationale for the prescription of Imitrex (Sumatriptan Succinate) or provided a nexus to the cited mechanism of injury. There is no evidence that migraine headaches are part of the industrial injury. There is no provided rationale to support medical necessity for the prescribed Sumatriptan for the effects of the industrial injury. There is no demonstrated medical necessity for the use of Imitrex for the effects of the industrial injury and there is no rationale supported with objective evidence by the treating physician to demonstrate medical necessity. There is no demonstrated functional improvement and no establish reduction in pain levels. There is no demonstrated medical necessity for the prescribed Sumatriptan 25mg, #30.

**Prescription of Fluoxetine 40mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Antidepressants- SSRIs versus tricyclics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain

**Decision rationale:** The patient is being treated for anxiety and depression with Prozac (fluoxetine) 40mg, #30; however, there is no provided nexus with the industrial injury for the stated depression other than the issues of chronic pain. The prescription of Prozac as a first-line antidepressant is not demonstrated to be medically necessary. The patient is not been demonstrated to have returned to work with increased function. The use of fluoxetine is not demonstrated to be medically necessary for the treatment of depression and anxiety. There is no documented nexus to the cited mechanism of injury. There is no documentation that the use of the previously prescribed Prozac has led to functional improvement. There is no objective evidence to support the medical necessity of the prescribed antidepressants. There is no clinical documentation of efficacy or any functional improvement with the use of the prescribed antidepressants. There was no rationale supported with objective evidence to support the medical necessity of the prescribed fluoxetine. The use of the antidepressant is consistent with the treatment of chronic pain; however, the patient has very few objective findings documented in the medical records to support ongoing pain issues related to chronic pain in relation to the diagnosed depressive disorder and anxiety disorder. It is not clear that the diagnosis is associated with the cited industrial injury or due to underlying comorbidity issues. The patient has no specific etiology of the perceived chronic pain issues related to depression. The depression is not clearly demonstrated to be the result of chronic pain or the ongoing treatment of chronic pain.

The treatment appears to be directed to the treatment of the underlying psychiatric issues of the patient and not the effects of the industrial injury. There are no functional assessments of the stated depression and anxiety to demonstrate functional improvement with Prozac. The use of the medication is not demonstrated to lead to functional improvement in the provided medical records. There is no documented functional improvement attributed to the prescription of Prozac (Fluoxetine). There is no demonstrated medical necessity for the continued prescription of fluoxetine 40mg, #30 for this patient.