

Case Number:	CM14-0156045		
Date Assigned:	09/25/2014	Date of Injury:	10/18/2013
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 63-year-old female with a 10/18/13 date of injury. At the time (9/8/14) of the Decision for Retrospective request for Escitalopram Oxalate 5 mg #30 with a date of service of 8/7/2014 and Retrospective request for Omeprazole Delayed Release 20 mg #60 with a date of service of 8/7/2014, there is documentation of subjective (chronic headaches and left shoulder/trapezius pain) and objective (decreased and painful cervical and lumbar range of motion) findings, current diagnoses (neck pain, depression, low back pain, thoracic pain, epicondylitis, and tendonitis), and treatment to date (ongoing therapy with Lexapro (escitalopram), Hydrocodone, Omeprazole and Ambien). 7/7/14 medical report identifies gastrointestinal pain and nausea for 3 weeks. Regarding Retrospective request for Escitalopram Oxalate 5 mg #30 with a date of service of 8/7/2014, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Escitalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Escitalopram Oxalate 5 mg #30 with a date of service of 8/7/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Escitalopram (Lexapro®) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of major depressive disorder, as criteria necessary to support the medical necessity of Escitalopram. Within the medical information available for review, there is documentation of a diagnosis of depression. In addition, given documentation of ongoing treatment with Escitalopram, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Escitalopram. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Escitalopram Oxalate 5 mg #30 with a date of service of 8/7/2014 is not medically necessary.

Retrospective request for Omeprazole Delayed Release 20 mg #60 with a date of service of 8/7/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of neck pain, depression, low back pain, thoracic pain, epicondylitis, and tendonitis. In addition, given documentation of gastrointestinal pain and nausea for 3 weeks, there is documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request

for Retrospective request for Omeprazole Delayed Release 20 mg #60 with a date of service of 8/7/2014 is medically necessary.