MAXIMUS Federal Services

Case Number:	CM14-0173911		
Date Assigned:	10/27/2014	Date of Injury:	04/09/2009
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 62-year-old female who has submitted a claim for medial meniscus knee tear, lumbago, generalized anxiety disorder, and psychogenic pain associated with an industrial injury date of 4/9/2009.Medical records from 2014 were reviewed. Patient complained of intermittent anterior left knee pain aggravated by kneeling and squatting. She likewise experienced low back pain rated 7/10 in severity. She was able to stand and walk without difficulty. Patient had some significant anxiety at night as she was dealing with very high levels of stress. She reported improvement in sleep with medication use. Physical examination of the left knee showed tenderness at the medial aspect. There was no quadriceps weakness. Range of motion was full from extension to 140 degrees of flexion. There was minimal crepitus noted. Sensation and reflexes were intact. Examination of the lumbar spine showed tenderness, muscle spasm, and limited motion. Patient had normal mood and affect. She was oriented to person, place, and time. Patient had an unremarkable mental status examination. MRI of the left knee showed mild patellofemoral chondromalacia. Urine drug screens from 9/30/2014 and 8/6/2014 showed absence of prescription medications.Treatment to date has included left knee arthroscopy in 2010, trigger point injections at the lumbar area, physical therapy, and medications such as Norco, Flexeril, alprazolam, citalopram, meloxicam, and omeprazole (since April 2014).Utilization review from 10/2/2014 denied the request for Alprazolam 1mg #120 because long-term use was not recommended; denied Citalopram 20mg #3 because of lack of clinical information to support its use; and denied Omeprazole 20mg #30 because of absence of gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on alprazolam since April 2014. She reported improvement in sleep with medication use. However, it is not recommended for long-term use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Alprazolam 1mg #120 is not medically necessary.

Citalopram 20mg #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, patient has been on citalopram since April 2014 for generalized anxiety disorder. Patient has some significant anxiety at night as she is dealing with very high levels of stress, based on the most recent report. However, there is no documentation concerning functional improvement derived from medication use. The medical necessity cannot be established due to insufficient information. Moreover, patient is not compliant as urine drug screens from 9/30/2014 and 8/6/2014 showed absence of prescription medications. Therefore, the request for Citalopram 20mg #3 is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since April 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.