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| Case Number: | CM14-0178994 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 12/09/2005 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 American Board of Internal 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:

Pursuant to the progress note dated September 12, 2014, the IW complains of neck pain, bilateral shoulders, bilateral hands, and low back. The pain was rated 5/10 with medications, and 10/10 without medications. Physical examination revealed slow gait, pain-limited cervical and lumbar range of motion. Tinel's test and straight leg raise test at 90 degrees was negative. Other than being helpful, the response to prior medication regimen was not objectively documented. There was no mention of any ongoing gastrointestinal complaint or concurrent NSAID use. The IW was diagnosed with cervical and lumbar facet arthropathy, fibromyalgia, depression, vitamin D deficiency, carpal tunnel syndrome, and status-post carpal tunnel release. The IW was taking both Tramadol 50mg and Duloxetine 30mg. Other medication include: Amitiza 24mcg, Ferrous Sulfate 325mg, Lansoprazole 30mg, Gabapentin 100mg, Metoprolol, and Vitamin D. Documentation in the medical record indicated that the aforementioned medications have been prescribed since at least March of 2014. Hemoglobin on March 14, 2014 was 11.1 g per dL. An update hematology assay was not submitted for review. Treatment plan includes continue with medication regimen, and continue HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ferrous sulfate 325 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682778.html>

Decision rationale: Pursuant to Medline plus, ferrous sulfate 325 mg #30 is not medically necessary. Ferrous sulfate is used to treat or prevent iron deficiency anemia. For additional details see attached link. In this case, a review of the medication list indicates ferrous sulfate 325 mg daily. It is unclear when this medication was first started. There is hemoglobin of 11.1 in the medical record; however it is unclear how this value is related in any way to an industrial injury. Consequently, absent additional information Ferrous sulfate 325 mg #30 is not medically necessary.

Lanzoprazole 30 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID, GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Visibility Guidelines, Lansoprazole 30 mg #30 is not medically necessary. Lansoprazole is a proton pump inhibitor. Proton pump inhibitors are taken in conjunction with non-steroidal anti-inflammatory drugs when injured patients are at risk for specific gastrointestinal events. These risks include, but are not limited to age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids and multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker is 47 years old and does not have any comorbid problems for gastrointestinal complaints such as spectacles to disease, G.I. bleeding, concurrent use of aspirin or multiple non-steroidal anti-inflammatory drug use. Consequently, Lansoprazole is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Lansoprazole 30 mg #30 is not medically necessary.

Amitiza 24 mcg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607034.html>

Decision rationale: Pursuant to Medline plus, Amitiza 24 mcg #30 is not medically necessary. Amitiza is a drug used to relieve chronic idiopathic constipation. For additional details see the attached link. Amitiza is a second line agent for opiate induced constipation. In this case, the first line agent for constipation was not documented in the medical record. Consequently, Amitiza is not clinically indicated for opiate induced constipation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Amitiza 30ug #30 is not medically necessary.

Duloxetine DR 30 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta

Decision rationale: Pursuant to the Official Disability Guidelines, Duloxetine (Cymbalta) DR 30 mg #90 is not medically necessary. Duloxetine is recommended in the first-line treatment for neuropathic pain. It is FDA approved for treatment of depression, generalized anxiety and for treatment of pain related diabetic neuropathy. In this case, the injured worker was taking duloxetine, however the documentation reflects the injured worker was helped by 50% in response to medications (as a whole) and in the short term. There was no documentation as to overall objective functional improvement created by Duloxetine. The earliest progress note in the medical record with duloxetine listed in the record is dated March 21, 2014. Consequently, in the absence of functional improvement with long-term use of duloxetine, the drug is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Duloxetine DR 30 mg #90 is not medically necessary.